# Application for License to Marry in Iowa

**State of Iowa**  
**Iowa Department of Public Health**  
**Bureau of Health Statistics and Vital Records**

## Application for License to Marry in Iowa

Type or print legibly in black or dark blue ink. Do not use all capital letters.

### Party A
(Information to be completed by the first applicant)

<table>
<thead>
<tr>
<th>FULL LEGAL NAME BEFORE MARRIAGE (Include any generational suffix after last name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
</tr>
</tbody>
</table>

### Party A

<table>
<thead>
<tr>
<th>FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE (Include any generational suffix after last name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name After Marriage</td>
</tr>
</tbody>
</table>

### Party A

<table>
<thead>
<tr>
<th>CURRENT RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
</tr>
</tbody>
</table>

### Party A

<table>
<thead>
<tr>
<th>STATE OF BIRTH (If not U.S., name of foreign country)</th>
<th>DATE OF BIRTH (Month, Day, Year)</th>
<th>GENDER (Optional)</th>
</tr>
</thead>
</table>

### Party A

<table>
<thead>
<tr>
<th>FATHER'S FULL NAME (As listed on applicant's birth certificate)</th>
<th>MOTHER'S FULL MAIDEN NAME (Prior to ANY marriage)</th>
</tr>
</thead>
</table>

### Party B
(Information to be completed by the second applicant)

<table>
<thead>
<tr>
<th>FULL LEGAL NAME BEFORE MARRIAGE (Include any generational suffix after last name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
</tr>
</tbody>
</table>

### Party B

<table>
<thead>
<tr>
<th>FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE (Include any generational suffix after last name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name After Marriage</td>
</tr>
</tbody>
</table>

### Party B

<table>
<thead>
<tr>
<th>CURRENT RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
</tr>
</tbody>
</table>

### Party B

<table>
<thead>
<tr>
<th>STATE OF BIRTH (If not U.S., name of foreign country)</th>
<th>DATE OF BIRTH (Month, Day, Year)</th>
<th>GENDER (Optional)</th>
</tr>
</thead>
</table>

### Party B

<table>
<thead>
<tr>
<th>FATHER'S FULL NAME (As listed on applicant's birth certificate)</th>
<th>MOTHER'S FULL MAIDEN NAME (Prior to ANY marriage)</th>
</tr>
</thead>
</table>

## Signature Notary Affirmation
(Each party must sign and date this form in the presence of an authorized Notary Public. Each party must show valid U.S. government-issued identification when signing. The Notary Public completes and signs below.

**Party A:** I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

**Party B:** I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

### Party A Signature
State of _______ County of _______ ss
Signed and affirmed by _______
Write name exactly as appears on I.D.
Notary Public's Signature for Party A
Date Signed

### Party B Signature
State of _______ County of _______ ss
Signed and affirmed by _______
Write name exactly as appears on I.D.
Notary Public's Signature for Party B
Date Signed

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Iowa Department of Public Health, Bureau of Health Statistics & Vital Records  
Page 1 of 2  
FORM #588-0234VR (Revised February 1, 2013)
AFFIDAVIT OF COMPETENT AND DISINTERESTED PERSON
as to age and qualification of the contracting parties
Type or print legibly in black or dark blue ink. Do not use all capital letters.

I, ____________________________________________ affirm that I am acquainted with
(Print name legibly)

__________________________________________, who is ________ years of age; and that I am acquainted with
__________________________________________, who is ________ years of age.

I affirm that I am a lawfully competent and disinterested person and impartial to the result of this pending transaction. I further affirm that both parties are unmarried and able to enter into a civil contract, that there is no legal disability to the marriage of said parties, and that their marriage is to be solemnized in a ceremony performed by an authorized officiant within the State of Iowa.

NOTARY PUBLIC SIGNATURE TO AFFIDAVIT OF DISINTERESTED PERSON
Notary Public cannot serve as disinterested person.

I affirm that the information I provided above is true and accurate to the best of my knowledge.

Disinterested Person Signature

Date Signed

State of ________________________ County of ________________________ ss

Signed and affirmed in my presence by __________________________________________

Write name exactly as appears on I.D.

Notary Public’s Signature

Date Signed

Notary Address & Expiration

NOTICE TO APPLICANTS: PLEASE READ CAREFULLY!

- Applicants aged 16 or 17 years old must also present a completed Consent to Marriage form for approval to a judge of the district court in the county from which the marriage license is to be obtained. Age 15 and under may NOT marry in Iowa.

- Pursuant to Iowa Code section 595.3A, the laws of this state affirm a party’s right to enter into this marriage and at the same time to live within the marriage under the full protection of the laws of this state with regard to violence and abuse. Neither party to the marriage is the property of the other. Assault, sexual abuse, and willful injury of a spouse or other family member are violations of the laws of this state and are punishable by the state.

- Applicants’ social security numbers are collected pursuant to Iowa Code section 595.4 and 42 USC 405(c)(2), as amended by Section 1090(b) of Public Law 105-34. The law authorizes the Internal Revenue Service (IRS) to use social security numbers for determining Earned Income Tax Credit compliance on income tax returns and to authorize the State Registrar to report the social security number to the Child Support Recovery Unit.

- The $35.00 fee must accompany this application.

- Return this form and fee to the County Registrar of Vital Records in the county where you want your record to be filed.

- Review the Marriage Instructions handout for more details about obtaining the certified copy of your Certificate of Marriage.

*** CONFIDENTIAL INFORMATION REQUIRED BY IOWA CODE SECTION 595.4 ***
*** ADMINISTRATIVE PURPOSES ONLY *** NOT FOR PUBLIC VIEWING, DISTRIBUTION OR PUBLICATION ***

Party A Social Security Number ________________________

Party B Social Security Number ________________________

Anticipated Ceremony Date ____________________________

Anticipated Officiant ________________________________