

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
APPLICATION FOR MARRIAGE LICENSE**

TYPE/PRINT
IN
PERMANENT
BLACK INK

License No. _____

STATE FILE NUMBER _____

Date License Issued: _____

COUNTY: _____

PARTY A

1a. NAME (First, Middle, Last)		1b. BIRTH SURNAME (If different)		1c. SEX (M/F)	2. AGE LAST BIRTHDAY
3a. RESIDENCE - CITY, TOWN, OR LOCATION				3b. COUNTY	
3c. STATE		4. BIRTHPLACE (State or Foreign Country)		5. DATE OF BIRTH (Month, Day, Year)	
6a. FATHER'S/PARENT 1'S NAME (First, Middle, Birth Surname)		6b. BIRTHPLACE (State or Foreign Country)	7a. MOTHER'S/PARENT 2'S NAME (First, Middle, Birth Surname)		7b. BIRTHPLACE (State or Foreign Country)
8. SOC. SEC. NO.		9. RELATIONSHIP TO PARTY B NONE <input type="checkbox"/>		10. EVIDENCE OF AGE	

PARTY B

11a. NAME (First, Middle, Last)		11b. BIRTH SURNAME (If different)		11c. SEX (M/F)	12. AGE LAST BIRTHDAY
13a. RESIDENCE - CITY, TOWN, OR LOCATION				13b. COUNTY	
13c. STATE		14. BIRTHPLACE (State or Foreign Country)		15. DATE OF BIRTH (Month, Day, Year)	
16a. FATHER'S/PARENT 1'S NAME (First, Middle, Birth Surname)		16b. BIRTHPLACE (State or Foreign Country)	17a. MOTHER'S/PARENT 2'S NAME (First, Middle, Birth Surname)		17b. BIRTHPLACE (State or Foreign Country)
18. SOC. SEC. NO.		19. RELATIONSHIP TO PARTY A NONE <input type="checkbox"/>		20. EVIDENCE OF AGE	

PARTY A

PARTY B

21. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	22. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		23. RACE - American Indian, Black, White, etc. (Specify below)	24. EDUCATION (Specify only highest grade completed)	
	By Death, Divorce, Dissolution, or Annulment (Specify below)	Month / Day / Year		Elementary / Secondary (0-12)	College (1-4 or 5 +)
21a.	22a.	22b.	23a.	24a.	24b.
21b.	22c.	22d.	23b.	24c.	24d.

Marriage is designed to be a loving and lifelong union between a woman and a man or two people. The laws of this state affirm your right to enter into this marriage and live within the marriage free from violence and abuse. Neither of you is the property of the other. Physical abuse, sexual abuse, battery and assault of a spouse or other family member, as well as other provisions of the criminal laws of this state, are applicable to spouses and other family members and violations thereof are punishable by law. MARRIAGE EDUCATION?

Both applicants must sign. →

The applicant(s), being first duly sworn, declares that the statements above are true and correct.	
25. SIGNATURE OF PARTY A	26. SIGNATURE OF PARTY B
27. Taken, subscribed and sworn to before the undersigned authority by the applicant(s) above, this _____ day of _____ year _____	
Deputy Clerk, County Court of _____ County, WV	

To County Clerk: 1. Transcribe Information from marriage license to Record of Marriage. 2. Item 33: Enter date this record is completed.

RECORD OF MARRIAGE					
28. DATE OF MARRIAGE (Month) (Day) (Year)		29. COUNTY OF MARRIAGE		30. CITY OR TOWN OF MARRIAGE	
31. OFFICIANT'S NAME a. _____			b. ADDRESS _____		
31c. AUTHORIZED POSITION <input type="checkbox"/> RELIGIOUS OFFICIAL _____		<input type="checkbox"/> CIVIL OFFICIAL _____			
		Specify Religious Body		Specify Authorized Position	
32. SIGNATURE OF COUNTY CLERK			33. DATE FILED (Month) (Day) (Year)		