

Bride/Groom/ Spouse (circle one Optional)

Name (First, Middle, Last) _____ Social Security # ____ - ____ - ____

Birth Name (last) _____ Middle Name after marriage (if changing) _____

Last Name after marriage (if changing) _____

Address _____ City _____ State _____ Zip _____ Phone _____

County _____ city ___ town ___ village ___ (check one) Specify _____

Age _____ DOB ___/___/_____ Place of Birth _____

Occupation _____ Industry _____

Father (First Middle Last) _____ Country of Birth _____

Mother (First Middle **Maiden**) _____ Country of Birth _____

Number of this Marriage _____ If this is not your first marriage please supply any and all original or certified copies of divorce decree(s) with filing date stamp and/or a death certificate

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Mother (First Middle **Maiden**) _____ Country of Birth _____

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*Officiant Name _____ Phone Number _____