## STATE OF IOWA

### IOWA DEPARTMENT OF PUBLIC HEALTH

Bureau of Health Statistics and Vital Records

County	
License No.	
Date of Application	
Valid Date of License	

## 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)	Check One (Optional) 🔲 Bride 🔲 Groom 🔲 Spouse			
	FULL LEGAL NAME BEFORE MARRIAGE (Include any generational First Middle (If any)	suffix after last name)  Current Last (Surname)  Last Name Prior to ANY Marriage			
Υ×	I First Wallie After Walliage Wildlie Name (if any) After Walliage Last Name (Softialite) After Walliage				
PARTY	CURRENT RESIDENCE State	County City			
_	STATE OF BIRTH (If not U.S., name of foreign country)	DATE OF BIRTH (Month, Day, Year)  GENDER (Optional)			
	FATHER'S FULL NAME (As listed on applicant's birth certificate)	MOTHER'S FULL MAIDEN NAME (Prior to ANY marriage)			
	PARTY B (Information to be completed by the second applicant)  FULL LEGAL NAME BEFORE MARRIAGE (Include any generational				
	First Middle (If any)	Current Last (Sumame)  Last Name Prior to ANY Marriage			
_ _ _	FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE  First Name After Marriage Middle Name (If the content of the c	(Include any generational suffix after last name) any) After Marriage Last Name (Surname) After Marriage			
TAK	CURRENT RESIDENCE State	County City			
	STATE OF BIRTH (If not U.S., name of foreign country)	DATE OF BIRTH (Month, Day, Year)  GENDER (Optional)			
	FATHER'S FULL NAME (As listed on applicant's birth certificate)	MOTHER'S FULL MAIDEN NAME (Prior to ANY marriage)			
•	SIGNATURE NOTARY AFFIRMATION (Each party must s must show valid U.S. government-issued identification when signing.  PARTY A: I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage be as stated above.	PARTY B: I affirm that the information I provided above is true and			
ב	PARTY A SIGNATURE Date Signed	PARTY B SIGNATURE Date Signed			
ב ב		ss State of ss			
144	Signed and affirmed by Write name exactly as appears on I.D.	Signed and affirmed by Write name exactly as appears on I.D.			
2 .	Notary Public's Signature for Party A Date Signe	ed Notary Public's Signature for Party B Date Signed			
-	Notary Address & Expiration	Notary Address & Expiration			
	NOTARY SEAL	NOTARY SEAL			

## 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				
	, who is years of age; and t	that I am acquainted with		
	, who is years of age.			
I affirm that I am a lawfully competent and disinterested p affirm that both parties are unmarried and able to enter in parties, and that their marriage is to be solemnized in a co	person and impartial to the result of this pento a civil contract, that there is no legal dis	sability to the marriage of said		
	TO AFFIDAVIT OF DISINTERESTED anot serve as disinterested person.	PERSON		
I affirm that the information I provided above is true and ac	ccurate to the best of my knowledge.	NOTARY PUBLIC'S		
Disinterested Person Signature	Date Signed	SEAL		
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				
Notary Address & Expiration	OII			
NOTICE TO APPLICA	ANTS: PLEASE READ CAREFULLY!	1		
<ul> <li>Applicants aged 16 or 17 years old must also present a district court in the county from which the marriage lice</li> </ul>	a completed Consent to Marriage form for anse is to be obtained. Age 15 and under r	approval to a judge of the 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.				
<ul> <li>Return this form and fee to the County Registrar of Vita</li> </ul>	al Records in the county where you want yo	our record to be filed.		
<ul> <li>Review the Marriage Instructions handout for more deta</li> </ul>	ails about obtaining the certified copy of yo	our Certificate of Marriage.		
*** CONFIDENTIAL INFORMATION *** ADMINISTRATIVE PURPOSES ONLY *** NOT	N REQUIRED BY IOWA CODE SECT FOR PUBLIC VIEWING, DISTRIBU			
Party A Social Security Number	Party B Social Security Number	·		
Anticipated Ceremony Date	Anticipated Officiant			