

INSTRUCTIONS FOR MARRIAGE APPLICATION

FILL OUT APPLICATION ON LINE,

COMPLETE YOUR INFORMATION BEFORE PRINTING,

HAND WRITTEN APPLICATIONS WILL DELAY PROCESSING.

DON'T SIGN APPLICATION – MUST BE DONE IN OUR OFFICE

DATE MARRIAGE ENDED & DOCKET # WILL BE COMPLETED BY OUR
OFFICE

BRING FORM WITH YOU TO THE REGISTER & RECORDERS OFFICE

COST OF MARRIAGE LICENSE IS \$40.00 CASH OR CHECK PAYBALE TO:

CLERK OF THE ORPHANS COURT

OFFICE HOURS : 8:30 A.M. – 4:00 P.M

DON'T FORGET PHOTO I.D.

DIVORCE DECREE IF NECESSARY

Filed:

Issued:

Number:

**MARRIAGE LICENSE APPLICATION
WORKSHEET**

Applicant A**Applicant B**

Name: (first, full middle, last)			Maiden Name:			Name: (first, full middle, last)			Maiden Name:														
Address:						County			Address:														
City:						State:			Zip:														
Birthplace: (City & State or Country)				Date of Birth:		Age:		Birthplace: (City & State or Country)				Date of Birth:		Age:									
Transmissible Disease? Yes <input type="checkbox"/> No <input type="checkbox"/> (Check one)			If previously married, last marriage ended by: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> (Check one of above) Date Marriage ended: _____ Docket # _____			Transmissible Disease? Yes <input type="checkbox"/> No <input type="checkbox"/> (Check one)			If previously married, last marriage ended by: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> (Check one of above) Date Marriage ended: _____ Docket # _____														
Education		Elementary/Secondary (0-12) Grade completed:				College (1-4 or 5+) Years completed:				Education		Elementary/Secondary (0-12) Grade completed:				College (1-4 or 5+) Years completed:							
Usual Occupation:												Usual Occupation:											
Current Phone Number:												Current Phone Number:											
Parental Information												Parental Information											
Father's Name (first, full middle, last)												Father's Name (first, full middle, last)											
Birthplace (City & State or Country)						Occupation						Birthplace (City & State or Country)						Occupation					
Father's Residence												Father's Residence											
City:						State:						City:						State:					
Mother's Name (first, full middle, last)						Maiden Surname						Mother's Name (first, full middle, last)						Maiden Surname					
Birthplace (City & State or Country)						Occupation						Birthplace (City & State or Country)						Occupation					
Mother's Residence												Mother's Residence											
City:						State:						City:						State:					

We verify that the statements made in the foregoing application are true and correct to the best of our knowledge, information and belief. The undersigned understands that the statements made therein are subject to the penalties of 18Pa. C. S. Section 4904, relating to unsworn falsification to authorities.

Signature of Applicant A

Signature of Applicant B

Sworn and subscribed to before me this _____ day of _____ A. D. 20_____

(Clerk of Orphans' Court)

(SEAL)