

For Office Use Only:

Application No.

2 0 1 5 - M L - 0 0 - 0

Application Date

2 0 1 5

SECTION A:

STATEMENT

We, APPLICANT 1 NAME & APPLICANT 2 NAME attest that we separately or together have or have not obtained and read or otherwise accessed the information contained in the handbook or other electronic media presentation of rights and responsibilities of parties to a marriage specified in Florida Statute 741.0306. We separately or together have or have not completed a premarital preparation course.

APPLICANT 1 SIGNATURE DATE APPLICANT 2 SIGNATURE DATE

MAILING ADDRESS CITY/STATE/ZIP

SECTION B: PLEASE PRINT

APPLICANT 1 INFORMATION

FIRST NAME: DATE OF BIRTH: Month Day Year
MIDDLE NAME: SOCIAL SECURITY NO:
LAST NAME: PLACE OF BIRTH (STATE/COUNTRY):
SUFFIX: JR, SR, II or III, IF APPLICABLE RACE:
ARE YOU A U.S. CITIZEN? YES or NO
CURRENT CITY: STATE: COUNTY:
CONTACT PHONE NUMBER: HAVE YOU EVER BEEN MARRIED? YES or NO
HOW MANY TIMES? LAST MARRIAGE ENDED BY: DIVORCE or ANNULMENT or DEATH
DATE LAST MARRIAGE ENDED: Month Day Year

SECTION C: PLEASE PRINT

APPLICANT 2 INFORMATION

FIRST NAME: DATE OF BIRTH: Month Day Year
MIDDLE NAME: SOCIAL SECURITY NO:
LAST NAME: PLACE OF BIRTH (STATE/COUNTRY):
MAIDEN NAME: RACE:
ARE YOU A U.S. CITIZEN? YES or NO
CURRENT CITY: STATE: COUNTY:
HAVE YOU EVER BEEN MARRIED? YES or NO HOW MANY TIMES?
LAST MARRIAGE ENDED BY: DIVORCE or ANNULMENT or DEATH
DATE LAST MARRIAGE ENDED: Month Day Year

Do the parties applying for this marriage license have any children together? Yes No
If yes, were they born in the State of Florida? Yes No

Please note: No Refunds or Personal Checks Accepted