

Marriage License Application

Name: _____
(Last name first)

(Maiden Name)

Address: _____

(County)

Date of Birth: _____

SS# _____

Birth Place: _____

Age: _____

Race _____

Education: _____

Occupation: _____

Hispanic/Nationality: _____

College: _____

Publish: _____
(Free of charge)

(# of marriages)

Divorce information (Date, county & state and how)

Mother information

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Address
(city & state): _____
(If not alive write deceased)

Birth Place: _____
(State or Country)

Father Information

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Address
(city & state): _____
(If not alive write deceased)

Birth Place: _____
(State or Country)

Your Phone # _____

Appointment Date: _____
(Office use)

Please email your application to countyclerk@co.cass.il.us