



Married BY MAIL!

FLORIDA MARRIAGE LICENSE SERVICES FOR DESTINATION WEDDINGS

MARRIAGE LICENSE INFORMATION SHEET

Please complete the Request for Marriage
License Information below.

GROOM'S INFORMATION

Full name:	
Social Security # (if living in US) or Passport # and country of Passport if not a US citizen:	Daytime Phone #:
Date of Birth (mmddyyyy):	Birthplace: (State or Foreign Country)
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other	
You presently reside in: (City) (State or Country) (County, if applicable)	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: (Month) (Day) (Year)	

BRIDE'S INFORMATION

Full name:	
Social Security # or Passport # and country if living outside USA:	Daytime Phone #:
Date of Birth (mmddyyyy):	Birthplace: (State or Foreign Country)
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other	
You presently reside in: (City) (State or Country) (County, if applicable)	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: (Month) (Day) (Year)	
Maiden Name (Name on Birth Certificate):	

Mailing address you would like your certified copy mailed to after you are married.

Mr. & Mrs.: _____

Address: _____

Wedding Coordinator: _____