

# APPLICATION FOR MARRIAGE LICENSE, Kofile COUNTY, TEXAS

The form and content of this application is prescribed by section 2.004 of the Texas Family Code.

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

Applicant One	First Name FName_12072021_34	Middle Name	Current Last Name LName_12072021_34	Suffix	
	Woman's Maiden Name (If Applicable)		Telephone Number		
	Street Address TestAddress1	City BLUE RIDGE	State TX	Zip 75424-2542	
	Date of Birth 01/15/1988	Place of Birth (including city, county and state)		Social Security Number	

I have not been divorced within the last 30 days. ☒ TRUE ☐ FALSE

I am not presently married. ☒ TRUE ☐ FALSE

I am not presently delinquent in the payment of court ordered child support.  
☒ TRUE ☐ FALSE

The other applicant is not presently married ☒ TRUE ☐ FALSE

I am not related to the other applicant as: ☒ TRUE ☐ FALSE

- an ancestor or descendant, by blood or adoption;
- a brother or sister, of the whole or half blood or by adoption;
- a parent's brother or sister, of the whole or half blood or by adoption;
- a son or daughter of a brother or sister, of the whole or half blood or by adoption;
- a current or former stepchild or stepparent; or
- a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

☐ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

**I solemnly swear (or affirm) that the information I have given in this application is correct** \_\_\_\_\_  
Applicant's Signature and Date Signed

Applicant Two	First Name FName_12072021_34	Middle Name	Current Last Name LName_12072021_34	Suffix	
	Woman's Maiden Name (If Applicable)		Telephone Number		
	Street Address TestAddress1	City BLUE RIDGE	State TX	Zip 75424-2542	
	Date of Birth 01/15/1988	Place of Birth (including city, county and state)		Social Security Number	

I have not been divorced within the last 30 days. ☒ TRUE ☐ FALSE

I am not presently married. ☒ TRUE ☐ FALSE

I am not presently delinquent in the payment of court ordered child support.  
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The other applicant is not presently married ☒ TRUE ☐ FALSE

I am not related to the other applicant as: ☒ TRUE ☐ FALSE

- an ancestor or descendant, by blood or adoption;
- a brother or sister, of the whole or half blood or by adoption;
- a parent's brother or sister, of the whole or half blood or by adoption;
- a son or daughter of a brother or sister, of the whole or half blood or by adoption;
- a current or former stepchild or stepparent; or
- a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

☐ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

**I solemnly swear (or affirm) that the information I have given in this application is correct** \_\_\_\_\_  
Applicant's Signature and Date Signed

**Mail Executed License To (Street/P.O. Box, City, State, Zip)** TestAddress1 BLUE RIDGE TX 75424-2542

For County Clerk Office Use Only

Subscribed and sworn to before me, or I certified that the applicant did not appear personally but the prerequisites for the license have been fulfilled by			
\$2.007 of the Texas Family Code on <u>July 12, 2021</u> at <u>3:09 AM</u> am/pm			
By <u>Juli Luke</u> County Clerk <u>Kofile</u>		County, Texas. Ceremony Performed By _____	
By <u>user1 User1</u> Deputy Date of Marriage _____		County/Place of Marriage _____	
Applicant One Identification Type (ID & Age) <u>test</u> <u>33</u>		License Number <u>1629</u> <u>Twogether</u>	
Applicant Two Identification Type (ID & Age) <u>test</u> <u>33</u>		Volume _____ Page _____	