



APPLICATION FOR MARRIAGE LICENSE, _____ County, Texas

Sec. 2.009 of the Texas Family Code requires the applicants for a marriage license to provide the information on this form, including their social security number. A county clerk may not issue a license unless all information is provided on this application.

Please **PRINT** your responses carefully and accurately. The information you provide on this application is used to create your marriage license.

MAN

First Name	Middle Int.	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/year)	Age	Place of Birth (city)	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State/Foreign Country			
<input type="text"/>			
Social Security Number	Telephone Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address (number & name)	City	State/Foreign Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Executed License to: (Street)	City	State/Foreign Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

I am not presently married and the other applicant is not presently married. ☐ TRUE ☐ FALSE

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

☐ 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 the Health and Human Services.

The other applicant is not related to me as:

- ☐ 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.

☐ TRUE ☐ FALSE

I solemnly swear (or affirm) that the information I have given in this application is correct.

Applicant Signature

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HSC, SEC. 195.003)

WOMAN

First Name	Middle Int.	Last Name	Maiden Surname (if different)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/year)	Age	Place of Birth (city)	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State/Foreign Country			
<input type="text"/>			
Social Security Number	Telephone Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address (number & name)	City	State/Foreign Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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- ☐ 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.

☐ TRUE ☐ FALSE

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OFFICE USE ONLY:

Subscribed and sworn to before me, or I certify that the applicant did not appear personally but the prerequisites for the license have been fulfilled as prescribed by Section 2.007 of the Texas Family Code on _____, 20____ at _____ am/pm.

MAN IDENTIFICATION TYPE (ID & age)

<input type="text"/>	<input type="text"/>
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County Clerk

WOMAN IDENTIFICATION TYPE (ID & age)

<input type="text"/>	<input type="text"/>
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County, Texas

by _____ Deputy

Date of Marriage

County/Place of Marriage

Ceremony Performed by

<input type="text"/>	<input type="text"/>	<input type="text"/>
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LICENSE NUMBER

VOLUME

PAGE

FEE WAIVED - Hostile Fire Zone

Together ☐

Other ☐