

**MARRIAGE LICENSE INFORMATION SHEET**

**GROOM'S INFORMATION**

Full name:	
Home Phone #:	Cell or Work Phone #:
Date of Birth ( <i>mmddyyyy</i> ):	Birthplace: ( <i>State or Foreign Country</i> )
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: ( <i>City</i> ) ( <i>State</i> ) ( <i>County</i> )	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: ( <i>Month</i> ) ( <i>Day</i> ) ( <i>Year</i> )	

**BRIDE'S INFORMATION**

Full name:	
Home Phone#:	Cell or Work Phone #:
Date of Birth ( <i>mmddyyyy</i> ):	Birthplace: ( <i>State or Foreign Country</i> )
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: ( <i>City</i> ) ( <i>State</i> ) ( <i>County</i> )	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: ( <i>Month</i> ) ( <i>Day</i> ) ( <i>Year</i> )	
Maiden Name:	

**Please submit address where you would like certified copy mailed after you are married:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<b>Groom SSN:</b>	<b>Bride SSN:</b>
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**REQUIRED PREMARITAL STATEMENT**  
**F.S. §741.04**

We the undersigned, hereby state: (check the appropriate statements)

1.     \_\_\_\_\_ We have completed a premarital preparation course together.  
          \_\_\_\_\_ We did not complete a premarital preparation course by a registered provider.
2.     \_\_\_\_\_ We have obtained and read or otherwise accessed the information contained in The Family Law Handbook or other electronic media presentation of the rights and responsibilities of parties to a marriage specified in F.S. 741.0306.
3.     \_\_\_\_\_ We understand that all fees are non-refundable and a duplicate or amended marriage license will cost an additional \$30.00.
4.     \_\_\_\_\_ We have common child(ren) born in Florida. (Pursuant to SB 694, if the answer is yes, the applicants must complete Form DH 743A)

\_\_\_\_\_  
**Groom's Signature**

\_\_\_\_\_  
**Bride's Signature**

\_\_\_\_\_  
**Print Groom's Name**

\_\_\_\_\_  
**Print Bride's Name**

Witnessed this \_\_\_\_\_ day of \_\_\_\_\_ 2011.

\_\_\_\_\_  
**Deputy Clerk**