

Application for Marriage License

Georgia Department of Human Resources

"Vital Records Service"

County of Chatham

County No.1502122

Personal Particulars	Contracting Parties					
	Applicant 1			Applicant 2		
1. Full Name						
2. Residence, Street Address						
3. City						
4. County, State, and Zip code						
5. Age / Date of Birth / Sex	Age	Birth Date	Sex M F	Age	Birth Date	Sex M F
6. Birth Place <i>City, State</i>						
7. Relationship <i>Are you blood related?</i>						
8. Usual Occupation (Optional)						
9. Maiden Name (if applicable)						
10. Designated Surname <i>Name after marriage</i>						
11. Number of Previous Marriages						
12. If Previous Marriages, How Dissolved						
13. Upon What Grounds						
14. When and Where						
15. Any Legal Impediment						
16. Father's name <i>First and Last</i>						
17. Father's Birthplace <i>City, State</i>						
18. Mother's Maiden Name <i>First and Last</i>						
19. Mother's Birthplace <i>City, State</i>						
20. Parents Residence: Father <i>City, State</i>						
21. Parents Residence: Mother <i>City, State</i>						
22. Contact Phone No. For Couple						

*Please check one: **You have** or **you have not** completed premarital education pursuant to Code Section 19-3-30.1
If you have, please attach certificate.*

I hereby certify that the foregoing answers were made under oath and subscribed before me by both of the contracting parties.

This _____ day of _____, 20____

Deputy Clerk, Probate Court Chatham County, Georgia

I hereby certify that I have received the DHR AIDS brochure and list of test sites

Applicant_____

Applicant_____