## Marriage License Application Worksheet - Saline County, Nebraska

<u>IMPORTANT</u>: If this form is not filled out legibly and/or accurately, it may delay the issuance of your marriage license. The names on your marriage license should match what is on your birth certificate. Please include full "Legal" names for for both applicants and parents.

| 1a. GROOM/APPLICANT #1 - FULL LEGAL NAME  |  | -  | 1b. MAIDEN LAST NAME (if ap                                  | nlicable)      |                     |
|---|--|--|--|----------------|---------------------|
|   |  |  |  | pricuble)      | 2. AGE              |
| 3a. COUNTRY OF RESIDENCE  | <b>3b. STATE</b> (if a                     | pplicable)   |  | 3c. COUNTY     | (if applicable)     |
| 3d. CITY, TOWN OR LOCATION  | 3e. STREET ADDRESS                         |  |  | -              | 3f. ZIP CODE        |
| 4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)   |  | -  | 5. DATE OF BI  | RTH (mm/dd/)   | уууу)               |
| 6a. FATHER'S FULL LEGAL NAME (First, Middle, Last, Suffix)  |  |  | 6b. BIRTHPLACE (City and State or Foreign Country)           |                |                     |
| 7a. MOTHER'S FULL LEGAL MAIDEN NAME (First, Middle, Maiden)   |  |  | 7b. BIRTHPLACE (City and State or Foreign Country)           |                |                     |
| DAY TIME PHONE NUMBER   |  |  | Email Address  |                |                     |
| 8a. BRIDE/APPLICANT #2 - FULL LEGAL NAME  |  | -  | 8b. MAIDEN LAST NAME (if ap                                  | oplicable)     | 9. AGE              |
| 10a. COUNTRY  | <b>10b. STATE</b> ( <i>if applicable</i> ) |  |  | 10c. COUNT     | Y (if applicable)   |
| 10d. CITY, TOWN OR LOCATION   | 10e. STREET ADDRESS                        |  |  | 10f. ZIP CODE  |                     |
| 11. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNT   | RY)  | -  | 12. DATE OF B  | BIRTH (mm/dd   | /yyyy)              |
| 13a. FATHER'S FULL LEGAL NAME (First, Middle, Last, Su  | uffix)                                     | -  | 13b. BIRTHPLACE (City and Sta                                | ate or Foreign | Country)            |
| 14a. MOTHER'S FULL LEGAL MAIDEN NAME (First, Middle, Maiden)  |  |  | 14b. BIRTHPLACE (City and State or Foreign Country)          |                |                     |
| DAY TIME PHONE NUMBER   |  |  | Email Address  |                |                     |
| 15a. SOCIAL SECURITY NUMBER-Groom/Applicant #1  |  |  | 15b. SOCIAL SECURITY NUMB                                    | ER-Bride/App   | licant #2           |
| 16a. If APPLICANT #1 was previously married, last marr  | iage ended by:                             | 16b. If APPLIC   | CANT #2 was previously married                               |                |                     |
| Death Dissolution Annulment   | 0 1  |  | Dissolution Annulment  | -              |                     |
| Date previous marriage ended (mm/dd/yyyy)   |  |  | previous marriage ended (mm/dd/yyyy)                         |                |                     |
| Divorce/Annulment was final in State/Country of   |  |  | Ilment was final in State/Country                            |                |                     |
| 17a. Is Groom/Applicant #1 of Hispanic or Latino Origin   | ? Yes No                                   |  | Applicant #2 of Hispanic or Latir                            |                | Yes No              |
| Race  |  |  | Fees   |                | · · · <u></u> · · · |
| Check one or more options per applic<br>18a. Applicant #1<br>White<br>Black or African American<br>American Indian or Alaska Native | ant:<br>18b. Applicant #2                  | The fee for a marriage license and certified copy is \$34.00 Certified copies will be issued once the license is returned to the County Clerk's Office following the ceremony. Payment Method Cash Check Money Order- Chk/MO # |  |                |                     |
| Asian Native Hawaiian or other Pacific Islan  | der  |  | Check/Money Order Payable<br>dit/Debit Card (A fee of will b |                | ounty Clerk         |
| Mail License/Certified Copy to  | p:   |  | 17, adult must fill o  |                |                     |
| Applicant #1 Applica  | nt #2                                      | If no SS   | #, applicant must f  | ill out af     | ffidavit            |
| Other: Name:  |  |  |  |                |                     |
| Address:  |  |  | ation Number:  |                |                     |
| City/St/Zip:  |  | Date Li  | icense Returned:   | Ву             | :                   |