

APPLICATION FOR MARRIAGE LICENSE
PROBATE COURT OF DEKALB COUNTY

License No. _____

	Applicant 1	Applicant 2
1. Full name		
2. Legal last name at birth		
3. Residence street address		
City		
County and state		
4. Age / Date of birth / Race	Age Birth Date Race	Age Birth Date Race
5. Place of birth		
6. Relationship to each other		
7. Name you plan to use after marriage		
8a. Number of previous marriages		
b. If previously married, how dissolved		
c. When and where		
9. Any legal reason you cannot marry		
10. Father's name		
11. Father's place of birth (state)		
12. Mother's full and maiden name (first, middle, last, maiden)		
13. Mother's place of birth (state)		
14. Parents' current residence (city and state)	Father Mother	Father Mother

Have you completed premarital education pursuant to O.C.G.A. § 19-3-30.1? Yes No (If yes, attach certificate)

Date of ceremony _____

Place of ceremony _____

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

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

This ____ day of _____, 20____

Applicant 1 _____

 Clerk, Probate Court

Applicant 2 _____