

**TOWN OF CAMBRIA MARRIAGE LICENSE WORKSHEET**

**PLEASE PRINT CLEARLY**

**BRIDE/GROOM/SPOUSE:**

FULL NAME: \_\_\_\_\_

BIRTH NAME IF DIFFERENT: \_\_\_\_\_

SURNAME AFTER MARRIAGE: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ SEX (OPTIONAL):  MALE  FEMALE

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN/VILLAGE: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ INDUSTRY OR BUSINESS: \_\_\_\_\_

PLACE OF BIRTH (CITY, STATE/COUNTRY IF NOT USA): \_\_\_\_\_

NAME OF FATHER/PARENT: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

MAIDEN NAME OF MOTHER/PARENT: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

ANY PREVIOUS MARRIAGES:  YES OR  NO HOW MANY: \_\_\_\_\_

ENDED BY:  DIVORCE  ANNULMENT  DEATH

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**OFFICE USE ONLY**

**DOCUMENTATION CHECKLIST:**

DRIVER'S LICENSE/DMV ISSUED NON-DRIVER LICENSE  BAPTISMAL CERTIFICATE

BIRTH CERTIFICATE WITH RAISED SEAL  PASSPORT

EMPLOYMENT PICTURE ID  DIVORCE PAPERS (COUNTY/DATES)

DEATH CERTIFICATE (IF SPOUSE IS DECEASED)  OTHER: \_\_\_\_\_

**PARTY NUMBER  1  2**

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PLACE OF BIRTH (CITY, STATE/COUNTRY IF NOT USA): \_\_\_\_\_

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COUNTRY OF BIRTH: \_\_\_\_\_

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