



## MARRIAGE LICENSE INFORMATION SHEET

Please complete the Request for Marriage License Information below.

### GROOM'S INFORMATION

Full name:	
Social Security # or Passport # and country of Passport if living outside USA:	Daytime 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 or Country</i> ) ( <i>County, if applicable</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:	
Social Security # or Passport # and country if living outside USA:	Daytime 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 or Country</i> ) ( <i>County, if applicable</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 (Name on Birth Certificate):	



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**Mailing address you would like your certified copy mailed to after you are married.**

Mr. & Mrs.: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

- 1. Fill out this form completely**
- 2. Make a copy of bride and groom's photo ID. Acceptable ID includes:**
  - a. A current US Driver's License OR
  - b. A current State-issued ID OR
  - c. A current Passport (for Out of Country couples)
- 3. Send form and ID copies back to us via:**
  - a. E-mail: [floridaweddings@cfl.rr.com](mailto:floridaweddings@cfl.rr.com) OR
  - b. Fax: 407-540-9649 OR
  - c. Mail: 159 Cypress View Lane, Groveland, FL 34736

**Wedding Coordinator:**

Florida Wedding Services, LLC

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