

**MARRIAGE INFORMATION SHEET**

(License must be used within 60 days of issuance)

Check one: **Applicant 1**      **Applicant 2**

Full Name: \_\_\_\_\_  
                                    **First**                                      **Middle**                                      **Last**

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
*(Maiden)*

**Previous Marriage Information**

Number of Times Married: \_\_\_\_\_

Previously Widowed: **Yes**      **No**      Previously Divorced: **Yes**      **No**  
*(check one)*                                      *(check one)*

State: \_\_\_\_\_ County: \_\_\_\_\_

File Date / Date of Death \_\_\_\_\_ Case Number: \_\_\_\_\_  
*(if divorce/dissolution)*

Full name of last spouse: \_\_\_\_\_  
*(include maiden name, if applicable )*

**Please list all Minor Children**

Full name: \_\_\_\_\_ Age: \_\_\_\_\_  
Full name: \_\_\_\_\_ Age: \_\_\_\_\_  
Full name: \_\_\_\_\_ Age: \_\_\_\_\_  
Full name: \_\_\_\_\_ Age: \_\_\_\_\_

**Who may perform a marriage in Ohio?**

Only an ordained or licensed minister of a religious society or congregation who is also licensed with the Ohio Secretary of State to perform marriages, a judge, mayor of a municipal corporation, or the superintendent of the State School for the Deaf may solemnize a marriage in Ohio that is not otherwise prohibited by law.

To find out in advance of your ceremony if your minister is registered with the Ohio Secretary of State, call (877)-767-6446 or visit: <http://www.sos.state.oh.us/SOS/recordsindexes/MinisterLicense.aspx> and search under "licensed ministers".