

ONEIDA COUNTY MARRIAGE LICENSE APPLICATION
TO BE FILLED OUT BY COUPLE MAKING APPLICATION

Your marriage record is vital.
Be sure the information you give is complete and accurate.

License No: _____

Ceremony Date: _____

PLEASE PRINT - USE BLACK INK

Applicant 1 ☐ BRIDE ☐ GROOM ☐ SPOUSE ☐ PARTNER	First Name		Middle Name		Last Name		Maiden Name		
	Address Line 1								
	Address Line 2								
	City			County		State		Zip Code	
	Phone		Birthdate	Age	Social Security Number		Race	Gender ☐ M ☐ F Other: _____	
	Marital Status ☐ Single ☐ Divorced ☐ Widowed		Birth City			Birth State		Birth Country	
	Parent Name			Parent Gender ☐ Male ☐ Female		Parent Relationship ☐ Father ☐ Mother ☐ Guardian			

Applicant 2 ☐ GROOM ☐ BRIDE ☐ SPOUSE ☐ PARTNER	First Name		Middle Name		Last Name		Maiden Name		
	Address Line 1								
	Address Line 2								
	City			County		State		Zip Code	
	Phone		Birthdate	Age	Social Security Number		Race	Gender ☐ M ☐ F Other: _____	
	Marital Status ☐ Single ☐ Divorced ☐ Widowed		Birth City			Birth State		Birth Country	
	Parent Name			Parent Gender ☐ Male ☐ Female		Parent Relationship ☐ Father ☐ Mother ☐ Guardian			

CERTIFICATION - SIGN BEFORE MARRIAGE AGENT

We, the undersigned, certify that the information given in this application is true and correct to the best of our knowledge and belief.

FULL SIGNATURE OF APPLICANT 1

FULL SIGNATURE OF APPLICANT 2

Sworn and subscribed to before me this _____ day of _____, 20 _____

MARRIAGE LICENSE AGENT