AFFIDAVIT FOR MARRIAGE LICENSE

PLEASE PRINT (USE BLACK INK ONLY)

Full Name: _____
(First) (Middle) (Maiden) (Last)

Address: _____
(Street Number) (City) (State) (Zip) (County/Parish)

Phone No.: _____ State You Were Born: _____

Date of Birth: _____ Age: ____ Social Security No.: _____

Is this your first marriage? _____ Yes _____ No
If NO, give number of this marriage: _____
Last marriage ended by: _____ Divorce _____Death
Last Marriage ended on: _____
(Month/Day/Year)

Check One:

I have elected to take the marriage counseling course _____
I have elected to wait the three-day waiting period _____
I am not a resident of the State of Florida _____

Chapter 741.21 F.S. Incestuous marriages prohibited. A man may not marry any woman to whom he is related by lineal consanguinity, nor his siter, nor his aunt, nor his niece. A woman may not marry any man to whom she is related by lineal consanguinity, nor her brother, nor her uncle, nor her nephew.

In accordance with Chapter 741.21, Florida Statues, I hereby attest that we are in compliance with Florida Law regarding the Prohibition of Incestuous Marriages.

Furthermore, I hereby acknowledge that I have read the Family Law Handbook as required by Florida Law in obtaining a marriage license.

The undersigned, being first duty sworn, says that the foregoing is a just and true statement.

_____
Signature

Sworn and Subscribed before me this _____ day of _____, 20_____.

James M. Terry
Gulf County Clerk of Court

(SEAL)

By: _____
Deputy Clerk