

AFFIDAVIT FOR MARRIAGE LICENSE

PLEASE PRINT: (USE BLACK INK ONLY)

FULL NAME: _____
(First) (Middle) (Maiden) (Last)

ADDRESS: _____
(Number Street) (City) (State) (Zip) (County)

Social Security #: _____ Date of Birth: _____

Age: _____ Race: _____ State You Were Born In: _____

Contact #: _____

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 3-Day waiting period _____
- I am not a resident of the State of Florida _____

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__

Rebecca L. Norris
Clerk of Court, Gulf County

(SEAL)

By: _____
Deputy Clerk