

SPOUSE A's MARRIAGE LICENSE APPLICATION WORKSHEET

Spouse A's Name:

First Middle Last Suffix
(Jr, II, etc.)

Spouse A's Resident Address:

Street Address _____ Apt. # _____

Is this address located inside city limits? Yes No

Zip _____ City/Town _____

County _____ State _____

Phone Number _____

Spouse A's Birth Information:

_____/_____/_____
Birth State/Country Date of Birth Age at last birthday Yr.

Statistical Information: The information below is used for statistical purposes and will not be included in a certified copy of a marriage record.

Gender: Male Female

Is **Spouse A's** of Hispanic Origin? Yes No

If "Yes", what Descent? (check one)

- | | |
|--|---|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Central or South American | <input type="checkbox"/> Unknown Hispanic |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other |

Please Specify _____

Race List all that apply - please do not use country of birth.

White, Black, American Indian, Alaska Native, Asian Indian, Filipino, Other Asian, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian, Samoan, Other Pacific Islander, Chinese, Some other race

(1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

of previous marriages

Marital Status Never Married Widowed Divorced Annulment

Social Security Number: _____ - _____ - _____

Disclosure of the social security number is mandatory pursuant to SDCL 25-7A-56.2 and the Social Security Act § 205(c)(2), 42 U.S.C. § 405(c)(2) (1998). The Social security number will be used by the Department of Social Services to facilitate collecting child support and locating child support obligors.

Where getting married?

Location

City County

HUGHES COUNTY ROD
104 E CAPITOL AVE
PIERRE SD 57501

Complete in ink or type and do not alter

SPOUSE B'S MARRIAGE LICENSE APPLICATION WORKSHEET

Spouse B's Name:

First Middle Last Suffix
(Jr, II, etc.)

Spouse B's Resident Address:

Street Address _____ Apt. # _____

Is this address located inside city limits? Yes No

Zip _____ City/Town _____

County _____ State _____

Phone Number _____

Spouse B's Birth Information:

_____/_____/_____
Birth State/Country Date of Birth Age at last birthday Yr.

Statistical Information: The information below is used for statistical purposes and will not be included in a certified copy of a marriage record.

Gender: Male Female

Is Spouse B of Hispanic Origin? Yes No

If "Yes", what Descent? (check one)

- Cuban
 - Central or South American
 - Puerto Rican
 - Mexican
 - Unknown Hispanic
 - Other
- Please Specify _____

Race List all that apply - please do not use country of birth.

White, Black, American Indian, Alaska Native, Asian Indian, Filipino, Other Asian, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian, Samoan, Other Pacific Islander, Chinese, Some other race

- (1) _____ (2) _____
- (3) _____ (4) _____
- (5) _____ (6) _____

of previous marriages

Marital Status Never Married Widowed Divorced Annulment

Social Security Number: _____ - _____ - _____

Disclosure of the social security number is mandatory pursuant to SDCL 25-7A-56.2 and the Social Security Act § 205(c)(2), 42 U.S.C. § 405(c)(2) (1998). The Social security number will be used by the Department of Social Services to facilitate collecting child support and locating child support obligors.

Where getting married?

Location

City County