

SOUTH DAKOTA MARRIAGE LICENSE APPLICATION



This is a legal document. Complete in ink and do not alter.

SPOUSE A INFORMATION			
First Name	Middle Name	Last Name	Suffix
Last Name After Solemnization of Marriage - Acceptable surnames are Spouse A's surname, Spouse B's surname or Spouse A and Spouse B's hyphenated surnames. (SDCL 25-1-10.1)			
Residence Address - Physical location of home. NO PO BOXES		Apt #	Inside City Limits?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
City	County	State	Phone Number
Birth State / Country		Date of Birth	Age
STATISTICAL INFORMATION - The information collected below is used for statistical purposes only and will not be published on a certified copy of the marriage record.			
Sex	Of Hispanic Origin?		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> NO - not Spanish / Hispanic / Latino <input type="checkbox"/> YES - Mexican, Mexican American, Chicano <input type="checkbox"/> YES - Puerto Rican <input type="checkbox"/> YES - Cuban <input type="checkbox"/> YES - other Spanish / Hispanic / Latino (e.g. Spaniard, Salvadoran, Dominican, Columbian) Specify _____		
Race - Select all that apply. Do not use country of birth.			
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> GUANAMIAN or CHAMORRO <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> OTHER ASIAN _____ <input type="checkbox"/> OTHER PACIFIC ISLANDER _____ <input type="checkbox"/> OTHER _____			
Number of Previous Marriages	Marital Status		
	<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulment		
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.			
Social Security Number _____ - _____ - _____			

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MARRIAGE INFORMATION		
Marriage Location	Marriage City	Marriage County
Marriage Date -The license to marry is valid only in the state of South Dakota and will become void and of no effect unless the marriage is solemnized within 90 days from the purchase of your license.		
DATE OF MARRIAGE		
_____/_____/_____		
Signatures		
<p><i>The laws of this state affirm your right to enter this marriage and at the same time to live within the marriage free from violence and abuse. Neither of you is the property of the other. Physical abuse, sexual abuse, battery and assault of a spouse or other family member, as well as other provisions of the criminal laws of this state, or applicable to spouses and other family members, and violations thereof are punishable by law.</i></p> <p><i>By signing, I verify that I have read, and I understand the above statement, that the information provided above is correct that I am free to marry under the laws of the state of South Dakota.</i></p> <p>*DO NOT SIGN THIS APPLICATION UNTIL IN THE PRESENCE OF THE REGISTER OF DEEDS*</p> <p>_____</p> <p>Spouse A Signature</p> <p>_____</p> <p>Spouse B Signature</p>		