

TOWN OF CAMBRIA MARRIAGE LICENSE WORKSHEET

PLEASE PRINT CLEARLY

BRIDE/GROOM/SPOUSE:

FULL NAME: _____

BIRTH NAME IF DIFFERENT: _____

SURNAME AFTER MARRIAGE: _____

DOB: _____ SSN: _____ SEX (OPTIONAL): MALE FEMALE

STREET ADDRESS: _____

CITY/TOWN/VILLAGE: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE: _____

OCCUPATION: _____ INDUSTRY OR BUSINESS: _____

PLACE OF BIRTH (CITY, STATE/COUNTRY IF NOT USA): _____

NAME OF FATHER/PARENT: _____

COUNTRY OF BIRTH: _____

MAIDEN NAME OF MOTHER/PARENT: _____

COUNTRY OF BIRTH: _____

ANY PREVIOUS MARRIAGES: YES OR NO HOW MANY: _____

ENDED BY: DIVORCE ANNULMENT DEATH

SIGNATURE: _____ DATE: _____



OFFICE USE ONLY

DOCUMENTATION CHECKLIST:

DRIVER'S LICENSE/DMV ISSUED NON-DRIVER LICENSE BAPTISMAL CERTIFICATE

BIRTH CERTIFICATE WITH RAISED SEAL PASSPORT

EMPLOYMENT PICTURE ID DIVORCE PAPERS (COUNTY/DATES)

DEATH CERTIFICATE (IF SPOUSE IS DECEASED) OTHER: _____

PARTY NUMBER 1 2

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