DIANE M. MATOUSEK, CLERK OF THE CIRCUIT COURT
P.O. BOX 6043, DELAND, FLORIDA 32721-6043

PLEASE PRINT ALL INFORMATION

This information is used to prepare your license - **THIS IS NOT YOUR LICENSE**

WEDDING DATE: _____
(License is valid for 60 days)

MALE	**NAME: (FULL NAME, NO INITIALS)**			**DATE OF BIRTH:**
	ADDRESS:		**COUNTY:**	**BIRTHPLACE:** (State or Country)
	CITY:		**STATE:** **ZIP:**	
	SOCIAL SECURITY NUMBER:			
FEMALE	**NAME: (FULL NAME, NO INITIALS)**		**MAIDEN NAME** (If Different)	**DATE OF BIRTH:**
	ADDRESS:		**COUNTY:**	**BIRTHPLACE:** (State or Country)
	CITY:		**STATE:** **ZIP:**	
	SOCIAL SECURITY NUMBER:			
MALE	Race	Number of this Marriage	Last Marriage Ended By (please circle one) Death Divorce Annulment	Date Last Marriage Ended (month, day, year)
FEMALE	Race	Number of this Marriage	Last Marriage Ended By (please circle one) Death Divorce Annulment	Date Last Marriage Ended (month, day, year)

PLEASE LIST A DAYTIME TELEPHONE NUMBER FOR BOTH PARTIES:

MALE'S DAYTIME TELEPHONE # : _____ FEMALE'S DAYTIME TELEPHONE # : _____

MAILING ADDRESS TO WHICH YOU WOULD LIKE YOUR CERTIFIED COPY MAILED AFTER YOU ARE MARRIED:

_____
STREET ADDRESS

_____
CITY STATE ZIP CODE

CL-0191-9901