Town of Dickinson

No._____

GROOMS INFORMATION MARRIAGE LICENSE APPLICATION

Groom's Name_____ SS#____-____-____

First Middle Last
Surname (Last Name) after marriage:_____ Birth Surname:_____

Postal Address: _____Home Phone #( )_____

City:_____ State:_____ Zip Code:_____

Town, Village, City of Residence :_____(not always the same as postal address).

County: _____ Is residence within limits of City or Inc. Village? Yes___ No___

Date of Birth:_____-_____-_____ Age:_____ Usual Occupation:_____

Birth Place:_____ Type of Business:_____
(City, State & Country if not USA)

Father's Name:_____ Country of Birth:_____

Mother's Maiden Name:_____ Country of Birth:_____

Number of this Marriage:_____ How did the last marriage end_____
(divorce,annulment or death)

Number of previous marriages which ended by: Date Ended:_____

Divorce:_____ Annulment_____ Death_____ Are any former spouses alive? Yes_____ No_____

(If preciously divorced, please provide the following information)

Date of Decree	Place of Issued (City, State/Country if not USA)	Against Whom
____/____/____	_____	Self / Spouse
____/____/____	_____	Self / Spouse
____/____/____	_____	Self / Spouse
____/____/____	_____	Self / Spouse

APPLICATIONS FOR MARRIAGE LICENSE ARE PROCESSED ON A WALK-IN BASIS MONDAY THROUGHT FRIDAY BETWEEN 9:00 AM T O 3:45 PM ONLY.