

Crittenden County Marriage License Application

Must be completed in its entirety

PARTY 1	
FULL NAME (FIRST, MIDDLE, LAST)	
CURRENT ADDRESS	
CURRENT CITY, STATE, ZIP	
PLACE OF BIRTH (CITY, STATE)	
DATE OF BIRTH / AGE	
MOTHER'S FULL NAME (INCLUDING MAIDEN)	
FATHER'S FULL NAME	
OCCUPATION	PERSONAL PHONE
-- STATUS --	
<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED	
-- NUMBER OF PREVIOUS MARRIAGES --	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER _____	
-- GENDER --	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER	
-- RACE --	
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC LATINO <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BI-RACIAL <input type="checkbox"/> OTHER	
-- RELATIONSHIP TO OTHER PARTY --	
<input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____	

Must be completed in its entirety

PARTY 2	
FULL NAME (FIRST, MIDDLE, LAST)	
CURRENT ADDRESS	
CURRENT CITY, STATE, ZIP	
PLACE OF BIRTH (CITY, STATE)	
DATE OF BIRTH / AGE	
MOTHER'S FULL NAME (INCLUDING MAIDEN)	
FATHER'S FULL NAME	
OCCUPATION	PERSONAL PHONE
-- STATUS --	
<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED	
-- NUMBER OF PREVIOUS MARRIAGES --	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER _____	
-- GENDER --	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER	
-- RACE --	
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC LATINO <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BI-RACIAL <input type="checkbox"/> OTHER	
-- RELATIONSHIP TO OTHER PARTY --	
<input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____	



MAIL MARRIAGE CERTIFICATE TO: PARTY 1 PARTY 2 OTHER (IF OTHER, INCLUDE NAME AND FULL ADDRESS JUST ABOVE)

We hereby certify the above information is true to the best of our knowledge.

Any person who fraudulently represents another shall be guilty of a Class D felony per KRS 402.990(5).

X

PARTY 1 SIGNATURE (Must be signed in clerk's office)

X

PARTY 2 SIGNATURE (Must be signed in clerk's office)

Application made _____ / _____ / _____ pursuant to KRS Chapter 402 in Crittenden County, Marion, Ky.

License will be valid 30 days only, including the date it is issued, per KRS 402.105.