

The Albertson Wedding Chapel – Marriage License Application

PLEASE COMPLETE ALL THE FIELDS. DO NOT LEAVE ANY FIELDS BLANK

Scheduled Wedding Date: _____

ID or DL# and Exp date _____

First Name _____ Middle Name _____

Last Name _____

Last name at birth if different from current last name _____

Date of Birth _____ State of birth (Country if not USA) _____

Number of previous marriages _____

Last marriage ended (Divorce/Death/Annulment) and date ended _____

Full name of father _____

Father's state of birth (Country if not USA) _____

Full name of mother at birth (maiden name) _____

Mother's state of birth (Country if not USA) _____

Optional

Name Change: New middle name _____ New last name _____

ID or DL# and Exp date _____

First Name _____ Middle Name _____

Last Name _____

Last name at birth if different from current last name _____

Date of Birth _____ State of birth (Country if not USA) _____

Number of previous marriages _____

Last marriage ended (Divorce/Death/Annulment) and date ended _____

Full name of father _____

Father's state of birth (Country if not USA) _____

Full name of mother at birth (maiden name) _____

Mother's state of birth (Country if not USA) _____

Optional

Name Change: New middle name _____ New last name _____

Address _____ City _____ State & Zip _____

Phone _____ Email _____

How did you hear about us _____

We the undersigned declare that all the information above is true and correct to the best of our knowledge.

Signature of Party A _____ Signature of Party B _____

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