



MARRIAGE LICENSE APPLICATION INFORMATION

GROOM / SPOUSE 1

Milwaukee County resident 30 days: Yes No Social Security # _____

Is this your first marriage: Yes No If no, how many previous marriages? _____

BRIDE / SPOUSE 2

Milwaukee County resident 30 days: Yes No Social Security # _____

Is this your first marriage: Yes No If no, how many previous marriages? _____

Are the two of you related by any means? Yes No

Preferred Labels: Groom/Bride Spouse/Spouse Bride/Bride Groom/Groom

Marriage Date: _____

Ceremony will be held in: County of _____ City/Village/Town of _____

At what venue: _____
Name and address where the ceremony will be held

Officiant is: Judge/Court Commissioner Religious Leader Ordained Online Other:

Officiant Name: _____ Phone: _____

Officiant Address: _____
Street City State Zip Code

GROOM/SPOUSE 1 INFORMATION

Current Name: _____
First Middle Last

Is name same as Birth Certificate: Yes No Birth Name _____

Date of Birth: _____ Birth Country _____ Birth State _____

Mother's Full Name (Maiden): _____

Father's Full Name: _____

Hispanic Origin: Yes No If yes, please specify: _____

Race: White Black or African American Asian(specify) _____

American Indian or Alaskan Native (specify) _____ Other (specify): _____

Your Last Level of Education Completed: _____

