VIRGINIA: GOOCHLAND COUNTY CIRCUIT COURT CLERK'S OFFICE

MARRIAGE LICENSE APPLICANT INFORMATION

LICENSE IS VALID FOR 60 DAYS FROM DATE OF ISSUE

APPLICANT'S FULL NAME (NO INITIALS): SEX: (CIRCLE ONE) MALE FEMALE

CIRCLE ONE: BRIDE GROOM SPOUSE

_____
FIRST MIDDLE LAST SUFFIX (JR., III)

MAIDEN
SURNAME, IF DIFFERENT_____

SSN/DMV
CONTROL #: _____/_____ /_____ AGE: _____ DATE OF BIRTH: _____/_____/_____

PLACE OF BIRTH
(STATE OR FOREIGN COUNTRY): _____

NUMBER
OF THIS MARRIAGE: _____
FIRST, SECOND, ETC.

EDUCATION
(HIGHEST GRADE COMPLETED): ELEMENTARY/
SECONDARY_____COLLEGE: _____
(0-12) (0, 1, 2, 3, 4, 5+)

MARITAL STATUS (IF PREVIOUSLY MARRIED): (CIRCLE ONE) WIDOWED DIVORCED

USUAL
RESIDENCE: _____CITY/
TOWN_____
STREET ADDRESS OR ROUTE NUMBER ZIP CODE

COUNTY (IF NOT
INDEPENDENT CITY): _____ STATE
(OR FOREIGN COUNTRY): _____

FULL NAME OF FATHER (NO INITIALS):

_____
FIRST MIDDLE LAST SUFFIX (JR., III)

FULL MAIDEN NAME OF MOTHER (NO INITIALS):

_____
FIRST MIDDLE LAST

TELEPHONE NUMBER: _____

The above information is required by the State Registrar of Vital Statistics and Virginia Code §32.1-267

8/26/20