

# Marriage License Application

Name: \_\_\_\_\_  
(Last name first)

\_\_\_\_\_  
(Maiden Name)

Address: \_\_\_\_\_

\_\_\_\_\_  
(County)

Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_

Birth Place: \_\_\_\_\_

Age: \_\_\_\_\_

Race \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hispanic/Nationality: \_\_\_\_\_

College: \_\_\_\_\_

Publish: \_\_\_\_\_  
(Free of charge)

\_\_\_\_\_  
(# of marriages)

\_\_\_\_\_  
Divorce information (Date, county & state and how)

## Mother information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(If not alive write deceased)

Birth Place: \_\_\_\_\_  
(State or Country)

## Father Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Place: \_\_\_\_\_  
(State or Country)

Your Phone # \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Please email you application to [countyclerk@co.cass.il.us](mailto:countyclerk@co.cass.il.us)