

Marriage License Application

(VALID ONLY IN CASS COUNTY)

Name: _____
(Last name,first) (Middle initial)
(Maiden Name)

Address: _____
(Zip code)
(County)

Date of Birth: / / SS# Birth Place:

Age: Race Education:

Occupation: Hispanic/Nationality: College:

Publish: Y or N (# of marriages)
(Free of charge) (Plus this one) Divorce information (Date, county & state and how)

Mother information

Last Name:

First Name:

Middle Name:

Maiden Name:

Address (city & state):
(If not alive write deceased)

Birth Place:
(State or Country)

Father Information

Last Name:

First Name:

Middle Name:

Maiden Name:

Address (city & state):
(If not alive write deceased)

Birth Place:
(State or Country)

Your Phone # Appointment Date:
(Office use)

Please email your application to countyclerk@co.cass.il.us

YOU CAN ONLY GET MARRIED IN CASS COUNTY