

Marriage License Application

Name: _____ (Last name first) (Maiden Name)

Address: _____ (County)

Date of Birth: SS# Birth Place:

Age: Race Graduated HS:

Occupation: Hispanic/Nationality: College:

Publish: (Free of charge) (# of marriages) (Dissolution or Death)
Last marriage 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:

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

Birth Place:
(State or Country)

Your Phone #

Appointment Date:
(Office use)

Please email your application to cassclerkoffice@casscountyil.gov