In the Licking County Probate Court, Newark, Ohio

Application for Marriage License

LICENSE IS VOID AFTER 60 DAYS PLEASE PRINT - FULL NAMES(NO INITIA

PLEASE PRINT - FULL NAMES(NO INITIALS) **TODAYS DATE: CASE NUMBER:** Applicant 1 Applicant 2 ID CHECKED [] ID CHECKED [] Name: Name: Last First Middle Name Last First Middle Name SSN: SSN: Address: Address: Number Number Street Citv County State / Zip County State / Zip Telephone Number: Telephone Number: Place of Birth: Place of Birth: Birthdate: Birthdate: Age:__ **Parent Name: Parent Name:** First Middle Last/Maiden Middle Last/Maiden First **Parent Name:** Parent Name: Middle Last/Maiden Middle Last/Maiden Occupation: Occupation: Widowed? Widowed? Ν Number of previous marriages:_____ Ν Number of previous marriages: Divorced? Divorced? **Death Certificate / Divorce / Dissolution Information: Death Certificate / Divorce / Dissolution Information:** Case Number: Case Number: County: County: Court: Court: State: State: Spouse: Spouse: Minor Children: Minor Children:

Person Expected to Perform the Ceremony: _____