

In the Licking County Probate Court, Newark, Ohio
Application for Marriage License

LICENSE IS VOID AFTER 60 DAYS

PLEASE PRINT - FULL NAMES(NO INITIALS)

TODAYS DATE:

CASE NUMBER:

ID CHECKED []				Applicant 1			
Name:							
Last		First		Middle Name			
SSN:							
Address:							
Number		Street					
City		County		State / Zip			
Telephone Number: ()							
Place of Birth:							
City		State					
Birthdate:				Age:			
Parent Name:							
First		Middle		Last/Maiden			
Parent Name:							
First		Middle		Last/Maiden			
Occupation:							
Widowed? Y N				Number of previous marriages: _____			
Divorced? Y N							
Death Certificate / Divorce / Dissolution Information:							
Date: _____							
Case Number: _____							
County: _____							
Court: _____							
State: _____							
Spouse: _____							
Minor Children: _____							

ID CHECKED []				Applicant 2			
Name:							
Last		First		Middle Name			
SSN:							
Address:							
Number		Street					
City		County		State / Zip			
Telephone Number: ()							
Place of Birth:							
City		State					
Birthdate:				Age:			
Parent Name:							
First		Middle		Last/Maiden			
Parent Name:							
First		Middle		Last/Maiden			
Occupation:							
Widowed? Y N				Number of previous marriages: _____			
Divorced? Y N							
Death Certificate / Divorce / Dissolution Information:							
Date: _____							
Case Number: _____							
County: _____							
Court: _____							
State: _____							
Spouse: _____							
Minor Children: _____							

Person Expected to Perform the Ceremony: _____