

SCOTTS BLUFF COUNTY NEBRASKA MARRIAGE LICENSE APPLICATION WORKSHEET

PLEASE NOTE: The names on your marriage license should match your birth certificate.

1a. GROOM/PARTY A FULL LEGAL NAME (First, Middle, Last, Suffix)		1b. MAIDEN LAST NAME (if applicable)	2. AGE
3a. COUNTRY OF RESIDENCE (non-U.S. residents skip 3b-3f)		3b. STATE	3c. COUNTY
3d. CITY, TOWN OR LOCATION	3e. STREET ADDRESS		3f. ZIP CODE
4. BIRTHPLACE (City and State or Foreign Country)			5. DATE OF BIRTH (mm/dd/yyyy)
6a. FATHER'S FULL LEGAL NAME (First, Middle, Last, Suffix)		6b. BIRTHPLACE (City and State or Foreign Country)	
7a. MOTHER'S FULL LEGAL MAIDEN NAME (First, Middle, Maiden Last)		7b. BIRTHPLACE (City and State or Foreign Country)	
8a. BRIDE/PARTY B FULL LEGAL NAME (First, Middle, Last, Suffix)		8b. MAIDEN LAST NAME (if applicable)	9. AGE
10a. COUNTRY OF RESIDENCE (non-U.S. residents skip 10b-10f)		10b. STATE	10c. COUNTY
10d. CITY, TOWN OR LOCATION	10e. STREET ADDRESS		10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)			12. DATE OF BIRTH (mm/dd/yyyy)
13a. FATHER'S FULL LEGAL NAME (First, Middle, Last, Suffix)		13b. BIRTHPLACE (City and State or Foreign Country)	
14a. MOTHER'S FULL LEGAL MAIDEN NAME (First, Middle, Maiden Last)		14b. BIRTHPLACE (City and State or Foreign Country)	
CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.			
GROOM/PARTY A PHONE NUMBER		BRIDE/PARTY B PHONE NUMBER	
15a. GROOM/PARTY A SOCIAL SECURITY NUMBER		15b. BRIDE/PARTY B SOCIAL SECURITY NUMBER	
16a. GROOM/PARTY A previous marriage ended by: (if applicable) Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date marriage ended (mm/dd/yyyy) _____ Divorce/Annulment final in State/Country of _____		16b. BRIDE/PARTY B previous marriage ended by: (if applicable) Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date marriage ended (mm/dd/yyyy) _____ Divorce/Annulment final in State/Country of _____	
Hispanic or Latino origin 17a. GROOM/PARTY A YES <input type="checkbox"/> NO <input type="checkbox"/> 17b. BRIDE/PARTY B YES <input type="checkbox"/> NO <input type="checkbox"/>	RACE (check all that apply) White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	18a. GROOM/PARTY A <input type="checkbox"/>	18b. BRIDE/PARTY B <input type="checkbox"/>

Ceremony Date _____ **Person Performing Ceremony** _____

Title _____ **Phone #** _____

OFFICE USE ONLY: Application Date: _____ License #: _____

State/Country Issued	Driver's License	State ID	Passport
GROOM/PARTY A _____	_____	_____	_____
BRIDE/PARTY B _____	_____	_____	_____