COUNTY OF COBB

STATE OF GEORGIA
APPLICATION FOR MARRIAGE LICENSE

APPLICATION NO. _____

PERSONAL PARTICULARS	CONTRACTING PARTIES							
	APPLICANT ONE				APPLICANT TWO			
1. FULL NAME (current first, middle and last)								
2. LEGAL NAME AT BIRTH								
3. RESIDENCE STREET ADDRESS								
CITY, STATE AND ZIP CODE								
4. AGE (LAST BIRTHDAY), GENDER DATE OF BIRTH, AND RACE	Age	Gender	Date of Birth	Race	Age	Gender	Date of Birth	Race
5. BIRTHPLACE (city or county, state)								
6. RELATIONSHIP OF PARTIES, *if any*								
7. DESIGNATED SURNAME (last name after marriage)								
8A. NUMBER OF PRIOR MARRIAGES								
8B. HOW PRIOR MARRIAGE DISSOLVED								
8C. WHEN AND WHERE (year, county, state)								
9. FATHER'S NAME (full name)								
10. FATHER'S BIRTHPLACE (city/state)								
11. MOTHER'S MAIDEN NAME (full name)								
12. MOTHER'S BIRTHPLACE (city/state)								
13. FATHER'S ADDRESS, *if under age 18*								
14. MOTHER'S ADDRESS, *if under age 18*								
15. DATE & PLACE OF CONTEMPLATED MARRIAGE (city or county)								
16. PREMARITAL COUNSELING (yes or no)								
17. PHONE NUMBER								

Each of the undersigned applicants hereby certifies that the answers given above are true and correct, that each has received the DPH aids brochure and list of test sites, and that there is no legal impediment to the marriage of the parties.

Sworn to and subscribed before me, this _____ day

of _____, 20_____.

_____
Probate Judge/Deputy Clerk/Notary Public

Applicant _____

Applicant _____