



# APPLICATION FOR MARRIAGE LICENSE, \_\_\_\_\_ COUNTY, TEXAS

The form and content of this application is prescribed by section 2.004 of the Texas Family Code.

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

Applicant One	First Name	Middle Name	Current Last Name	Suffix
	Woman's Maiden Name (If Applicable)		Telephone Number	
	Street Address	City	State	Zip
	Date of Birth	Place of Birth (including city, county and state)	Social Security Number	

I have not been divorced within the last 30 days.  TRUE  FALSE

I am not presently married.  TRUE  FALSE

I am not presently delinquent in the payment of court ordered child support.

TRUE  FALSE

The other applicant is not presently married  TRUE  FALSE

I am not related to the other applicant as:  TRUE  FALSE

- an ancestor or descendant, by blood or adoption;
- a brother or sister, of the whole or half blood or by adoption;
- a parent's brother or sister, of the whole or half blood or by adoption;
- a son or daughter of a brother or sister, of the whole or half blood or by adoption;
- a current or former stepchild or stepparent; or
- a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

**I solemnly swear (or affirm) that the information I have given in this application is correct** \_\_\_\_\_  
Applicant's Signature and Date Signed

Applicant Two	First Name	Middle Name	Current Last Name	Suffix
	Woman's Maiden Name (If Applicable)		Telephone Number	
	Street Address	City	State	Zip
	Date of Birth	Place of Birth (including city, county and state)	Social Security Number	

I have not been divorced within the last 30 days.  TRUE  FALSE

I am not presently married.  TRUE  FALSE

I am not presently delinquent in the payment of court ordered child support.

TRUE  FALSE

The other applicant is not presently married  TRUE  FALSE

I am not related to the other applicant as:  TRUE  FALSE

- an ancestor or descendant, by blood or adoption;
- a brother or sister, of the whole or half blood or by adoption;
- a parent's brother or sister, of the whole or half blood or by adoption;
- a son or daughter of a brother or sister, of the whole or half blood or by adoption;
- a current or former stepchild or stepparent; or
- a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

**I solemnly swear (or affirm) that the information I have given in this application is correct** \_\_\_\_\_  
Applicant's Signature and Date Signed

**Mail Executed License To (Street/P.O. Box, City, State, Zip)** \_\_\_\_\_

### For County Clerk Office Use Only

Subscribed and sworn to before me, or I certified that the applicant did not appear personally but the prerequisites for the license have been fulfilled by §2.007 of the Texas Family Code on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ am/pm

\_\_\_\_\_ County Clerk \_\_\_\_\_ County, Texas. Ceremony Performed By \_\_\_\_\_

By \_\_\_\_\_ Deputy Date of Marriage \_\_\_\_\_ County/Place of Marriage \_\_\_\_\_

Applicant One Identification Type (ID & Age) \_\_\_\_\_ License Number \_\_\_\_\_

Applicant Two Identification Type (ID & Age) \_\_\_\_\_ Volume \_\_\_\_\_ Page \_\_\_\_\_

