

COLFAX 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 _____		
<u>Hispanic or Latino origin</u> 17a. GROOM/PARTY A YES <input type="checkbox"/> NO <input type="checkbox"/> 17b. BRIDE/PARTY B YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>RACE (check all that apply)</u> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		18b. BRIDE/PARTY B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Approximate Ceremony Date _____

Ceremony Location (City, Town, Location): _____

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

Social Security Card Info

Driver's License

State ID

Passport

GROOM/PARTY A _____

BRIDE/PARTY B _____