

# WISCONSIN MARRIAGE LICENSE APPLICATION

This form must be signed in the presence of the County Clerk or Deputy. Contact County Clerk with questions.

<b>APPLICANT 1</b> <small>(Groom/Spouse 1)</small>	1. What document did you bring as proof of identity & age?		2. Do you require permission from a parent or guardian to marry?		
	3. Have you been a resident of this county for 30 days?		4. What document did you bring as proof of current residence?		
	5. Have you been married previously? <input type="checkbox"/> No <input type="checkbox"/> Yes, number of this marriage:		6. How did your last marriage end? (Must provide proof) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		7. Date your last marriage ended
<b>APPLICANT 2</b> <small>(Bride/Spouse 2)</small>	8. What document did you bring as proof of identity & age?		9. Do you require permission from a parent or guardian to marry?		
	10. Have you been a resident of this county for 30 days?		11. What document did you bring as proof of current residence?		
	12. Have you been married previously? <input type="checkbox"/> No <input type="checkbox"/> Yes, number of this marriage:		13. How did your last marriage end? (Must provide proof) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		14. Date your last marriage ended
15. Are you related to each other? (If yes, enter relationship) <input type="checkbox"/> No <input type="checkbox"/> Yes, relationship		16. If first cousins and female applicant is under 55 years old, check which applicant is sterile. <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2			
17. Which set of labels should your marriage license worksheet and marriage certificate use? <input type="checkbox"/> Groom/Bride <input type="checkbox"/> Bride/Bride <input type="checkbox"/> Groom/Groom <input type="checkbox"/> Spouse/Spouse					
<b>APPLICANT 1</b> <small>(Groom/Spouse 1)</small>	18. CURRENT NAME - First Middle Last Suffix				
	19. BIRTH NAME - First Middle Last Suffix			20. DATE OF BIRTH	
	21. BIRTHPLACE - COUNTRY		22. STATE		
	23. MOTHER'S BIRTH NAME – First, Middle, Last		24. FATHER'S BIRTH NAME – First, Middle, Last		25. Same Sex Parents?
	26. RESIDENCE – COUNTRY/STATE	27. COUNTY		28. CITY, VILLAGE, OR TOWN	
<b>APPLICANT 2</b> <small>(Bride/Spouse 2)</small>	29. CURRENT NAME - First Middle Last Suffix				
	30. BIRTH NAME - First Middle Last Suffix			31. DATE OF BIRTH	
	32. BIRTHPLACE - COUNTRY		33. STATE		
	34. MOTHER'S BIRTH NAME – First, Middle, Last		35. FATHER'S BIRTH NAME – First, Middle, Last		36. Same Sex Parents?
	37. RESIDENCE – COUNTRY/STATE	38. COUNTY		39. CITY, VILLAGE, OR TOWN	
40. LICENSE NUMBER	41. ISSUED BY COUNTY CLERK/DEPUTY		42. DATE ISSUED	43. ISSUING COUNTY	
44. APPLICATION TAKEN BY		45. FEE PAID	46. WAITING PERIOD WAIVED?	47. WAIVER FEE PAID	
WARNING: Per Wis. Stat. §§ 765.08 and 765.20, persons intending to marry in the state must complete this form and obtain a valid license to marry before the marriage can take place. Any person falsely swearing to or affirming any parts of this application has violated Wis. Stat. § 765.30, and may be fined not more than \$10,000 or imprisoned not more than 9 months, or both. The non-confidential portion of this form is an open record and may be reviewed by any member of the public. Reports of fraudulent information will be reported to local law enforcement. This office reserves the right to verify information provided by the applicants.					
48. STATE OF WISCONSIN _____ County } SS		49. STATE OF WISCONSIN _____ County } SS			
I, (Print Name) _____, hereby swear or affirm that the applicant information provided above is correct to the best of my knowledge and belief and that I am free to marry under the laws of this state on the date of the intended marriage. > _____ SIGNATURE – APPLICANT 1 Subscribed and sworn to or affirmed before me this ____ day of _____ in the year ____ > _____ SIGNATURE – COUNTY CLERK or DEPUTY _____ County, Wisconsin		I, (Print Name) _____, hereby swear or affirm that the applicant information provided above is correct to the best of my knowledge and belief and that I am free to marry under the laws of this state on the date of the intended marriage. > _____ SIGNATURE – APPLICANT 2 Subscribed and sworn to or affirmed before me this ____ day of _____ in the year ____ > _____ SIGNATURE – COUNTY CLERK or DEPUTY _____ County, Wisconsin			
50. DATE OF MARRIAGE	51. COUNTY OF MARRIAGE	52. CITY, VILLAGE, OR TOWN		53. CVT INDICATOR <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	
54. OFFICIANT NAME		55. OFFICIANT MAILING ADDRESS		56. PHONE NUMBER	
				57. OFFICIANT EMAIL	

# WISCONSIN MARRIAGE LICENSE APPLICATION

Applicant 1 Name:

Applicant 2 Name:

CONFIDENTIAL INFORMATION [Wis. Stat. §§ 69.20(2) and 69.16] Information collected below is confidential except as noted.

1. Social Security Numbers may only be released for Child Support Enforcement program purposes per Wis. Stat. § 69.20(3), and federal law 42 USC 66(a)(5). You MUST provide your Social Security Number if you have ever been assigned a number. If you have a Social Security Number but refuse to give it, the County Clerk, cannot issue you a marriage license.
2. The street address entered below can be given to a law enforcement office who requests this information under provisions of Wis. Stat. §§ 765.09(3) and 765.20(2). The length of time the address is kept on file varies by county.
3. The contact information may be given to the Register of Deeds or the State Vital Records Office, if necessary, to ensure the timely filing of an accurate and complete marriage certificate.

APPLICANT 1 (Groom/Spouse 1)	SOCIAL SECURITY NUMBER		
	HISPANIC ORIGIN		
	<input type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino(a) (e.g., Spaniard, Salvadoran, Dominican, Colombian) (specify):		
	RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Specify:    Specify: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian Specify:    Specify:    Specify: <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify:    Specify:    Specify:		
EDUCATION Check the box that best describes the highest degree or level of school completed)			
<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)			

APPLICANT 2 (Bride/Spouse 2)	SOCIAL SECURITY NUMBER		
	HISPANIC ORIGIN		
	<input type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino(a) (e.g., Spaniard, Salvadoran, Dominican, Colombian) (specify):		
	RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Specify:    Specify: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian Specify:    Specify:    Specify: <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify:    Specify:    Specify:		
EDUCATION Check the box that best describes the highest degree or level of school completed)			
<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)			

ISSUANCE METHOD <input type="checkbox"/> Pick Up <input type="checkbox"/> Mail to Officiant <input type="checkbox"/> Mail to Applicant Address <input type="checkbox"/> Other:	MAIL TO NAME	MAIL TO ADDRESS	
	CITY	STATE	ZIP
APPLICANT'S PHONE NUMBER		APPLICANT'S EMAIL	