

OTOE COUNTY NEBRASKA MARRIAGE LICENSE APPLICATION WORKSHEET

This worksheet is NOT an actual Marriage License

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

1a. APPLICANT #1 or GROOM FULL LEGAL NAME (First, Middle, Last, Suffix)		1b. MAIDEN LAST NAME (if applicable)		2. AGE	
3a. STREET ADDRESS			3b. COUNTRY OF RESIDENCE		3c. STATE (if applicable)
3d. COUNTY (if applicable)		3e. CITY, TOWN, OR LOCATION			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)			7b. BIRTHPLACE (City and State or Foreign Country)		
8a. APPLICANT #2 or BRIDE FULL LEGAL NAME (First, Middle, Last, Suffix)		8b. MAIDEN LAST NAME (if applicable)		9. AGE	
10a. STREET ADDRESS			10b. COUNTRY OF RESIDENCE		10c. STATE (if applicable)
10d. COUNTY (if applicable)		10e. CITY, TOWN, OR LOCATION			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)			14b. BIRTHPLACE (City and State OR Foreign Country)		

CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.

APPLICANT #1 PHONE NUMBER		APPLICANT #2 PHONE NUMBER	
15a. APPLICANT #1 – SOCIAL SECURITY NUMBER		15b. APPLICANT #2 – SOCIAL SECURITY NUMBER	
16a. If previous married, last marriage ended either by: APPLICANT #1: Death _____ Divorce _____ Annulment _____ APPLICANT #1: Date Marriage Ended (mm/dd/yyyy) _____ Divorce/Annulment was final in State/Country of _____ OFFICE USE ONLY: Has wait period been met? _____		16a. If previous married, last marriage ended either by: APPLICANT #2: Death _____ Divorce _____ Annulment _____ APPLICANT #2: Date Marriage Ended (mm/dd/yyyy) _____ Divorce/Annulment was final in State/Country of _____ OFFICE USE ONLY: Has wait period been met? _____	
17a. Is APPLICANT #1 of Hispanic or Latino Origin? Yes _____ No _____		17b. Is APPLICANT #2 of Hispanic or Latino Origin? Yes _____ No _____	

RACE

Check one or more races to indicate what each person considers themselves to be:

18a. APPLICANT #1 or Groom _____ _____ _____ _____ _____	White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander	18b. APPLICANT #2 or Bride _____ _____ _____ _____ _____
---	--	---

A certified copy is required for name changes and some other legal purposes.

Do you want a certified copy sent to you once the completed marriage license is filed in our office? They are \$9.00 each Yes _____ No _____

If so, MAIL TO: Applicant #1 _____ Applicant #2 _____ Or Other Address: Name _____

Address: _____

City/State/Zip: _____

Office Use Only:

Paid on _____ Mailed on _____ Processed by _____