<u>TOWN OF LAFAYETTE</u> <u>MARRIAGE LICENSE</u> APPLICATION INFORMATION FORM				Please indicate payment:		
PLEASE CHECK				10 CHECK #		
		e groo	M	SPOUSE		
1. FULL NAME:						
	FIRST	MIDDLE	CURRENT	SURNAME (LAST NAME)		
2. SOCIAL SECU	RITY NUMBE	R:				
3. SURNAME (la	st name) YOU	J WILL TAKE /	AFTER MAR	RIAGE:		
4. MIDDLE NAM	IE AFTER MA	RRIAGE (IF C	HANGING):			
5. BIRTH NAME,	IF DIFFEREN	T:				
6. ADDRESS:						
			-	DICTION YOU LIVE IN:		
FOWN:		LAGE:	C	ITY:		
9. PHONE NUMI	BER:		10. CELL	PHONE:		
11. IS RESIDENC Yes/No (circle)	CE WITHIN LIN	MITS OF INCO	ORPORTATE	D VILLAGE OR CITY?		
12. SPECIFY THE	E NAME OF C	OUNTY YOU				
13. DATE OF BIF	RTH:/	/				
13. DATE OF BIF	RTH:/	/		not USA)		
13. DATE OF BIF 14. PLACE OF BI	RTH:/	/ (City, state/	/country if r	ot USA) BUSINESS:		
13. DATE OF BIF 14. PLACE OF BI 15. USUAL OCCI	RTH:/ RTH: UPATION:	/ (City, state/	/country if r TYPE OF			
13. DATE OF BIF 14. PLACE OF BI 15. USUAL OCCI PARENT'S INFOR	RTH:/ RTH: UPATION: <u>MATION:</u> (EXA	/ (City, state/	/country if r TYPE OF   PPEARS ON Y	BUSINESS:		
13. DATE OF BIF 14. PLACE OF BI 15. USUAL OCCU PARENT'S INFOR FA THER 'S FULL NA	RTH:/ IRTH: UPATION: MATION: (EXA	/ (City, state/	/country if r TYPE OF I PPEARS ON Y	BUSINESS:		
PARENT'S INFOR FA THER 'S FULL NA FATHER'S COUNT	RTH:/ IRTH: UPATION: MATION: (EXA ME: RY OF BIRTH: _	/ (City, state/	/country if r TYPE OF I PPEARS ON Y	BUSINESS:		
13. DATE OF BI 14. PLACE OF BI 15. USUAL OCCU PARENT'S INFOR FA THER 'S FULL NA FATHER'S COUNT	RTH:/	/ (City, state/	/country if r TYPE OF I PPEARS ON Y	BUSINESS:		

**PREVIOUS MARRIAGES:** Please note that you must furnish proof that a previous marriage has been dissolved by showings all certified copy of a divorce decree, certificate of dissolution of marriage, or other certified document that would indicate you are no longer married.

Date & Time to be Married: _ Officiant:	-	
Officiant Phone:		
Ceremony Location:		