

From The Bride

11. A. Full Name \_\_\_\_\_  
*Current Last* *First* *Middle*
- B. Birth Name, (Maiden Name), If Different \_\_\_\_\_
- C. Surname After Marriage \_\_\_\_\_
- D. Social Security Number \_\_\_\_\_
12. Residence
- A. \_\_\_\_\_ B. \_\_\_\_\_  
*State* *County*
- C. Check One  CITY  TOWN  VILLAGE  
and SPECIFY \_\_\_\_\_
- D. Street Address \_\_\_\_\_ Zip \_\_\_\_\_
- E. Is residence within limits of city or incorporated village?  
 YES  NO
13. A. Age \_\_\_\_\_ 13B. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month* *Day* *Year*
14. Employment
- A. Usual Occupation \_\_\_\_\_
- B. Type of Industry or Business \_\_\_\_\_
15. Place of Birth \_\_\_\_\_  
*(City, State/Country if not USA)*
16. Father
- a. Name \_\_\_\_\_
- b. Country of Birth \_\_\_\_\_
17. Mother
- a. Maiden Name \_\_\_\_\_
- b. Country of Birth \_\_\_\_\_
18. Number of this Marriage \_\_\_\_\_
19. Previous Marriages:
- A. Number of Previous Marriages which Ended By:  
DIVORCE CIVIL ANNULMENT DEATH  
\_\_\_\_\_
- B. How did last marriage end?  
DIVORCE ANNULMENT DEATH  
\_\_\_\_\_
- C. Date last marriage ended? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- D. Are any former spouse(s) alive?  YES  NO
20. If previously divorced or annulled, provide the following information:
- |                 | DATE OF DECREE<br><i>(Month, Day, Year)</i> | PLACE ISSUED<br><i>(City, State/Country, if not USA)</i> | AGAINST WHOM             |                          |
|-----------------|---|--|--------------------------|--------------------------|
|                 |   |  | <i>Self</i>              | <i>Spouse</i>            |
| 1 <sup>st</sup> | _____                                       | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <sup>nd</sup> | _____                                       | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <sup>rd</sup> | _____                                       | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 <sup>th</sup> | _____                                       | _____  | <input type="checkbox"/> | <input type="checkbox"/> |