

From The Groom

1. A. Full Name _____
Current Last *First* *Middle*
B. Birth Name, If Different _____
C. Surname After Marriage _____
D. Social Security Number _____

2. 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

3. A. Age _____ 3B. Date of Birth _____ / _____ / _____
Month *Day* *Year*

4. Employment
A. Usual Occupation _____
B. Type of Industry or Business _____

5. Place of Birth _____
(City, State/Country if not USA)

6. Father
A. Name _____
B. Country of Birth _____

7. Mother
A. Maiden Name _____
B. Country of Birth _____

8. Number of this Marriage _____

9. 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

10. If previously divorced or annulled, provide the following information:

	DATE OF DECREE	PLACE ISSUED	AGAINST WHOM	
	<i>(Month, Day, Year)</i>	<i>(City, State/Country, if not USA)</i>	<i>Self</i>	<i>Spouse</i>
1 st	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 nd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 rd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 th	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>