

*Application For License To Marry  
Georgia Department of Public Health  
Vital Records*

County of Rockdale

State File No.: \_\_\_\_\_

County No.: \_\_\_\_\_

**Contracting Parties**

	<i>Applicant 1</i>	<i>Applicant 2</i>
Last Name at Birth		
1. Full Name		
2. Residence Street Address		
3. City		
4. County, State, Zip Code		
5. Age / Date of Birth / Sex	/ /	/ /
6. Birthplace		
7. Relationship ( <i>are you blood related – Yes or No</i> )		
8. Occupation ( <i>optional</i> )		
9. Designated Surname ( <i>last name after marriage ceremony</i> )		
10a. Number of Previous Marriages		
10b. If previously married, how dissolved / upon what grounds		
10c. When and Where Marriage Dissolved ( <i>city and state</i> )		
11. Any Legal Impediment ( <i>any legal issues preventing you to marry – Yes or No</i> )		
12. Father's Name		
13. Father's Birthplace		
14. Mother's Maiden Name		
15. Mother's Birthplace		
16.a Parent's Residence – Mother		
16b. Parent's Residence – Father		
17. Contemplated Date and Place of Marriage		

*Have you completed Pre-Marital Education (marriage counseling) pursuant to Code Section 19-3-30.1 (at least six hours of instruction involving marital issues)?*    Yes    No. *If yes, attach the certificate.*

\_\_\_\_\_  
*Signature – Applicant 1*

\_\_\_\_\_  
*Signature – Applicant 2*

I hereby certify that the foregoing answers were made under oath and subscribed before me by both of the contracting parties.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Probate Judge or Deputy Clerk*