

****A WYOMING MARRIAGE LICENSE CAN ONLY BE USED IN THE STATE OF WYOMING.****

Goshen County Clerk's Marriage Application
PLEASE PRINT & COMPLETE APPLICATION

Applicant

Applicant

Full Legal Name: _____
(First, Middle & Last)

Full Legal Name: _____
(First, Middle & Last)

Birth Name: _____

Birth Name: _____

SSN #: _____

SSN #: _____

Date of Birth: _____ Sex: M / F Age: _____

Date of Birth: _____ Sex: M / F Age: _____

Place of Birth (State): _____

Place of Birth (State): _____

Physical Address (required): _____

Physical Address (required): _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

County: _____

County: _____

Daytime Phone Number: _____

Daytime Phone Number: _____

Number of THIS Marriage: _____

Number of THIS Marriage: _____

Previous Marriage ending reason

Previous Marriage ending reason

By Month, Day and Year

By Month, Day and Year

Divorced ___ Date: _____ State _____

Divorced ___ Date: _____ State _____

Annulled ___ Date: _____

Annulled ___ Date: _____

Widowed ___ Date: _____

Widowed ___ Date: _____

Parent 1 Full Legal Name: (first, middle & maiden)

Parent 1 Full Legal Name (first, middle & maiden)

Parent 1 Place of Birth (State) _____

Parent 1 Place of Birth (State) _____

Parent 2 Full **Birth** Name (first, middle & last)

Parent 2 Full **Birth** Name (first, middle & last)

Parent 2 Place of Birth (State): _____

Parent 2 Place of Birth (State): _____

We hereby certify under penalty of perjury that the personal particulars immediately following this application are, to the best of my knowledge and belief, true and correct; that I know of no legal impediment to our entering into the marriage contract under the laws of the State of WYOMING or the laws of the state of the residence of either of us.

Signature Applicant

Signature Applicant

FOR OFFICE USE ONLY

Photo ID # _____

Photo ID #: _____

****A WYOMING MARRIAGE LICENSE CAN ONLY BE USED IN THE STATE OF WYOMING.****

Ethnicity & Race Designation:

Hispanic Origin (Check One)

Not Spanish/Hispanic/Latino Mexican, Mexican American, Chicano

Puerto Rican Cuban

Other Spanish/Hispanic/Latino Prefer not to answer

Specify: _____

Race (Check all that Apply)

| | |
|---|--|
| <input type="checkbox"/> NATIVE AMERICAN | <input type="checkbox"/> OTHER ASIAN |
| <input type="checkbox"/> AFRICAN AMERICAN | Specify: _____ |
| <input type="checkbox"/> WHITE | <input type="checkbox"/> NATIVE HAWAIIAN |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> GUAMANIAN OR CHAMORRO |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | <input type="checkbox"/> SAMOAN |
| Specify: _____ | <input checked="" type="checkbox"/> OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> ASIAN INDIAN | Specify: _____ |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> FILIPINO | Specify: _____ |
| <input type="checkbox"/> JAPANESE | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> PREFER NOT TO ANSWER |
| <input type="checkbox"/> VIETNAMESE | |

OK Cancel

PRINT NAME _____

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OK Cancel

PRINT NAME _____