

VITAL STATISTICS FORM

Please type or print clearly in permanent black ink.

GROOM							
GROOM'S NAME	FIRST	MIDDLE	LAST				
CURRENT RESIDENCE ADDRESS (NUMBER AND STREET)	DATE OF BIRTH (MO/DAY/YR)	BIRTHSTATE (IF NOT USA GIVE COUNTRY)					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 15px;"></td> <td style="width: 15%; height: 15px;"></td> <td style="width: 15%; height: 15px;"></td> <td style="width: 15%; height: 15px;"></td> </tr> </table>						
CITY/TOWN/LOCATION	INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	COUNTY	STATE				
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FATHER'S NAME (FIRST/LAST)		BIRTHSTATE (IF NOT USA GIVE COUNTRY)					
MOTHER'S MAIDEN NAME (FIRST/LAST)		BIRTHSTATE (IF NOT USA GIVE COUNTRY)					
BRIDE							
BRIDE'S NAME	FIRST	MIDDLE	LAST				
MAIDEN NAME							
CURRENT RESIDENCE ADDRESS (NUMBER AND STREET)	DATE OF BIRTH (MO/DAY/YR)	BIRTHSTATE (IF NOT USA GIVE COUNTRY)					
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FATHER'S NAME (FIRST/LAST)		BIRTHSTATE (IF NOT USA GIVE COUNTRY)					
MOTHER'S MAIDEN NAME (FIRST/LAST)		BIRTHSTATE (IF NOT USA GIVE COUNTRY)					
SOCIAL SECURITY NUMBER FOR APPLICANTS							
<p>Department of Health is required to collect your Social Security Number in order to assist in child support laws (Section 7, Chapter 160 Laws of 1998). If you do not have a Social Security Number, you are required to complete the Social Security Declaration.</p>							
GROOM'S SOCIAL SECURITY NUMBER		BRIDE'S SOCIAL SECURITY NUMBER					

This sheet is for information to complete the Vital Statistics form for Olympia. This information is not given to any other agencies.