

WISCONSIN MARRIAGE LICENSE APPLICATION

See Instructions on the back of this form before completing this form.

APPLICANT 1 <small>(Groom/Spouse 1)</small>	1. What document will you bring as proof of identity & age?		2. Do you require permission from a parent or guardian to marry? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	3. Have you been a resident of this county for 30 days? <input type="checkbox"/> No <input type="checkbox"/> Yes		4. What document will you bring as proof of current residence?		
	5. Have you been married previously? <input type="checkbox"/> No <input type="checkbox"/> Yes, number of this marriage:	6. How did your last marriage end? (Must provide proof) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		7. Date your last marriage ended	
APPLICANT 2 <small>(Bride/Spouse 2)</small>	8. What document will you bring as proof of identity & age?		9. Do you require permission from a parent or guardian to marry? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	10. Have you been a resident of this county for 30 days? <input type="checkbox"/> No <input type="checkbox"/> Yes		11. What document will you bring as proof of current residence?		
	12. Have you been married previously? <input type="checkbox"/> No <input type="checkbox"/> Yes, number of this marriage:	13. How did your last marriage end? (Must provide proof) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		14. Date your last marriage ended	
15. Couple related closer than 2nd cousins? (If yes, enter relationship) <input type="checkbox"/> No <input type="checkbox"/> Yes, relationship		16. If first cousins and female applicant is under 55 years old, check which applicant is sterile. <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2			
17. Which set of labels should your marriage license worksheet and marriage certificate use?					
APPLICANT 1 <small>(Groom/Spouse 1)</small>	18. CURRENT NAME - First Middle Last Suffix				
	19. BIRTH NAME - First Middle Last Suffix		20. DATE OF BIRTH		
	21. BIRTHPLACE - COUNTRY		22. STATE		
	23. MOTHER'S BIRTH NAME - First, Middle, Last		24. FATHER'S BIRTH NAME - First, Middle, Last		25. Same Sex Parents?
	26. RESIDENCE - COUNTRY/STATE		27. COUNTY	28. CITY, VILLAGE, OR TOWNSHIP	
APPLICANT 2 <small>(Bride/Spouse 2)</small>	29. CURRENT NAME - First Middle Last Suffix				
	30. BIRTH NAME - First Middle Last Suffix		31. DATE OF BIRTH		
	32. BIRTHPLACE - COUNTRY		33. STATE		
	34. MOTHER'S BIRTH NAME - First, Middle, Last		35. FATHER'S BIRTH NAME - First, Middle, Last		36. Same Sex Parents?
	37. RESIDENCE - COUNTRY/STATE		38. COUNTY	39. CITY, VILLAGE, OR TOWNSHIP	
WARNING: Per ss. 765.08 and 765.20 Wis. Stats., persons intending to marry in the state must complete this form and obtain a valid license to marry before the marriage can take place. Any person falsely swearing to or affirming any parts of this application has violated s. 765.30, Wis. Stats., and may be fined not more than \$10,000 or imprisoned not more than 9 months, or both. The non-confidential portion of this form is an open record and may be reviewed by any member of the public. Reports of fraudulent information will be reported to local law enforcement. This office reserves the right to verify information provided by the applicants.					
50. DATE OF MARRIAGE	51. COUNTY OF MARRIAGE	52. CITY, VILLAGE, OR TOWNSHIP		53. CVT INDICATOR <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	
54. OFFICIANT NAME		55. OFFICIANT MAILING ADDRESS		56. PHONE NUMBER	
				57. OFFICIANT E-MAIL	

MARRIAGE LICENSE APPLICATION

INSTRUCTIONS FOR COMPLETING THE MARRIAGE LICENSE APPLICATION FORM

You must provide certain information to prove your eligibility to marry and to determine the appropriate jurisdiction for issuance of the marriage license.

Each applicant **MUST** be prepared to show legal documentation to establish:

1. Your age - a certified copy of your birth certificate and driver's license
2. Identity - a certified copy of your birth certificate and social security card
3. Your residence - mail, voter registration, driver's license
4. How your last marriage ended (if applicable) - a certified copy of the divorce certificate or divorce/annulment decree or a certified copy of the death certificate

Under specific circumstances, you may also need:

5. If you are under 18 or have a guardian, you may also need permission from your guardian
6. If applicants are related to each other closer than 2nd cousins, proof of sterility may be required

Contact the County Clerk if you are unsure about any documentation you must provide when applying for the marriage license.

Items 2 & 9 - GUARDIANSHIP

Specify if you are under the guardianship of another person who is required to give permission for you to marry. If you are under guardianship that requires your guardian's permission, ask the County Clerk for instructions about the guardian's permission form.

Items 3-4 & 10-11 - PROOF OF RESIDENCE

Specify whether you were or were not a resident of the county of application for the last 30 days prior to the date of application. Be prepared to show proof to the County Clerk.

Items 5-7 & 12-14 - PREVIOUS MARRIAGE

Enter the number of this marriage. If this is your first marriage, enter 1. Enter the method by which your last marriage ended - either divorce, annulment, or death. Be prepared to show proof. Enter the date the last marriage ended. If this is your first marriage, then leave item 'last marriage ended by' and 'date last marriage ended' blank.

Item 15 & 16 - APPLICANTS RELATED

Under Wisconsin law, applicants closer than second cousins are not allowed to marry unless they are first cousins and can prove sterility.

Item 17 - LICENSE AND CERTIFICATE LABELS

There are 4 label options. Select the set of labels that you prefer to be used on your license and marriage certificate.

Items 18 & 29 - CURRENT NAMES (First, Middle, Last)

Enter the first, full middle, and last name that you are currently using. If you are using a last name other than the name on your legal birth certificate or a last name acquired from a previous marriage, ask the County Clerk for instructions on how to complete this item.

Items 19 & 30 - BIRTH NAMES (First, Middle, Last)

Enter the first, full middle, and last name as it appears on the birth certificate. Complete this item even if the name is the same as the current name. This name should be what appears on your birth certificate.

Items 20 & 31 - DATES OF BIRTH

Enter the date you were born as it appears on your birth certificate. Supply proof of age as directed by the County Clerk.

Items 21-22 & 32-33 - COUNTRY & STATE OF BIRTH

Enter the country and state where you were born. If you were not born in the United States, enter only the country.

Items 23, 34 - MOTHER'S NAME

Enter the first, full middle, and last name of the applicant's mother. This should be the mother's name as it appears on your birth certificate. If you were adopted, the name entered should be the name of your adoptive mother. If you have same sex parents, let the County Clerk know.

Items 24, 35 - FATHER'S NAME

Enter the first, full middle, and last name of the applicant's father. This should be the father's name as it appears on your birth certificate. If you were adopted, the name entered should be the name of your adoptive father. If you have same sex parents, let the County Clerk know.

Items 26-28 & 37-39 - RESIDENCE

Enter the country, state, county, and city in which you claim residency. This may differ from the state where you receive your mail. If you are not a resident of the United States, enter only the country.

Items 50-57 - MARRIAGE AND OFFICIANT

Enter the marriage date, location, and officiant information as currently planned.

WISCONSIN MARRIAGE LICENSE APPLICATION

Applicant 1 Name:
Applicant 2 Name:

CONFIDENTIAL INFORMATION [ss. 69.20 (2) and 69.16, Wis. Stats.] Information collected below is confidential except as noted.

- Social Security Numbers may only be released for Child Support Enforcement program purposes per s. 69.20(3), Wis. Stats., and federal law 42 USC 66(a)(5). You **MUST** provide your Social Security Number if you have ever been assigned a number. If you have a Social Security Number but refuse to give it, the County Clerk cannot issue a marriage license.
- The street address entered below can be given to a law enforcement office who requests this information under provisions of ss.765.09 (3) and 765.20 (2) Wis. Stats. The length of time the address is kept on file varies by county.
- The contact information may be given to the Register of Deeds or the State Vital Records Office, if necessary, to ensure the timely filing of an accurate and complete marriage certificate.

APPLICANT 1 (Groom/Spouse 1)	SOCIAL SECURITY NUMBER
	HISPANIC ORIGIN <input type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino(a) (e.g., Spaniard, Salvadoran, Dominican, Colombian) (specify):
	RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Specify: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian Specify: <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify: <input type="checkbox"/> Other Specify:
EDUCATION (Check the box that best describes the highest degree or level of school completed) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)	

APPLICANT 2 (Bride/Spouse 2)	SOCIAL SECURITY NUMBER
	HISPANIC ORIGIN <input type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino(a) (e.g., Spaniard, Salvadoran, Dominican, Colombian) (specify):
	RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Specify: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian Specify: <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify: <input type="checkbox"/> Other Specify:
EDUCATION (Check the box that best describes the highest degree or level of school completed) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)	

THIS SECTION SHOULD LIST ONE OF THE APPLICANTS INFORMATION SHOULD WE NEED TO CONTACT YOU.	MAIL TO NAME		MAIL TO ADDRESS	
	CITY		STATE	ZIP
	APPLICANT'S PHONE NUMBER	APPLICANT'S EMAIL		