

COMMONWEALTH OF VIRGINIA

MARRIAGE REGISTER

CIRCUIT COURT FOR CITY OR COUNTY OF _____	CLERK'S NUMBER _____
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PARTY A (check one) <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE			
1. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____		2. MAIDEN SURNAME (if different from last) _____	
3. SEX _____	4. AGE _____	5. DATE OF BIRTH (Month, Day, Year) _____	6. PLACE OF BIRTH (state or foreign country) _____
7. (DO NOT WRITE IN THIS SPACE)		8. NUMBER OF THIS MARRIAGE (first, second, etc.) _____	9. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
10. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) _____		College (1-4 or 5+) _____	11. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER _____
11a. CITY OR TOWN OF RESIDENCE _____		11b. County (if independent city, leave blank) _____	11c. STATE (OR FOREIGN COUNTRY) _____
12. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____		12a. SEX _____	13. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____
			13a. SEX _____

PARTY B (check one) <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE			
14. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____		15. MAIDEN SURNAME (if different from last) _____	
16. SEX _____	17. AGE _____	18. DATE OF BIRTH (Month, Day, Year) _____	19. PLACE OF BIRTH (state or foreign country) _____
20. (DO NOT WRITE IN THIS SPACE)		21. NUMBER OF THIS MARRIAGE (first, second, etc.) _____	22. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
23. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) _____		College (1-4 or 5+) _____	24. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER _____
24a. CITY OR TOWN OF RESIDENCE _____		24b. County (if independent city, leave blank) _____	24c. STATE (OR FOREIGN COUNTRY) _____
25. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____		25a. SEX _____	26. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____
			26a. SEX _____

MARRIAGE LICENSE

27. TO ANY PERSON LICENSED TO PERFORM MARRIAGES
 You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia.

Date Issued _____
 License Expires Sixty Days After Above Date

Date Received by Clerk of Court from Officiant _____

Signature _____
 Clerk of Court or Deputy

MARRIAGE CERTIFICATE

28. DATE OF MARRIAGE (Month, Day, Year) _____	29. PLACE OF MARRIAGE (county or independent city) _____	30. TYPE OF CEREMONY <input type="checkbox"/> CIVIL <input type="checkbox"/> RELIGIOUS
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31. I CERTIFY TO THE FACTS OF MARRIAGE OF THE ABOVE NAMED PERSONS ON THE DATE AND AT THE PLACE SPECIFIED.

SIGNATURE OF OFFICIANT _____ TITLE OF OFFICIANT _____

Authorized to perform marriages by the Circuit Court for _____, Virginia, in _____ (city or county) _____ (year of authorization)

NAME OF OFFICIANT (type or print) _____

ADDRESS OF OFFICIANT _____ (street or route number) _____ (city or town) _____ (state)

COPY A
FOR CLERK OF COURT

Margin reserved for binding - Please use black ribbon in typewriter or black unfinishing ink. This is a permanent record.

TO OFFICIANT:

Complete and sign certificate on both copies

Return both copies within five days to Clerk of Court issuing license

Section 32.1-267
Code of Virginia

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH-DIVISION OF VITAL RECORDS
MARRIAGE RETURN

CIRCUIT COURT FOR CITY OR COUNTY OF _____	CLERK'S NUMBER _____
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PARTY A (check one) <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE			
1. FULL NAME (first) _____	(middle) _____	(last) _____	2. MAIDEN SURNAME (if different from last) _____
3. SEX _____	4. AGE _____	5. DATE OF BIRTH (Month, Day, Year) _____	6. PLACE OF BIRTH (state or foreign country) _____
7. SOCIAL SECURITY NO. OR DMV NO. _____		8. NUMBER OF THIS MARRIAGE (first, second, etc.) _____	9. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
10. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) _____		College (1-4 or 5+) _____	11. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER _____
11a. CITY OR TOWN OF RESIDENCE _____	11b. County (if independent city, leave blank) _____	11c. STATE (OR FOREIGN COUNTRY) _____	
12. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____	12a. SEX _____	13. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____	13a. SEX _____

PARTY B (check one) <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE			
14. FULL NAME (first) _____	(middle) _____	(last) _____	15. MAIDEN SURNAME (if different from last) _____
16. SEX _____	17. AGE _____	18. DATE OF BIRTH (Month, Day, Year) _____	19. PLACE OF BIRTH (state or foreign country) _____
20. SOCIAL SECURITY NO. OR DMV NO. _____		21. NUMBER OF THIS MARRIAGE (first, second, etc.) _____	22. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
23. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) _____		College (1-4 or 5+) _____	24. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER _____
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25. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____	25a. SEX _____	26. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____	26a. SEX _____

MARRIAGE LICENSE

27. TO ANY PERSON LICENSED TO PERFORM MARRIAGES You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia.		Date Issued _____ License Expires Sixty Days After Above Date
Signature _____ Clerk of Court or Deputy	Date Received by Clerk of Court from Officiant _____	

MARRIAGE CERTIFICATE

28. DATE OF MARRIAGE (Month, Day, Year) _____	29. PLACE OF MARRIAGE (county or independent city) _____	30. TYPE OF CEREMONY <input type="checkbox"/> CIVIL <input type="checkbox"/> RELIGIOUS
31. I CERTIFY TO THE FACTS OF MARRIAGE OF THE ABOVE NAMED PERSONS ON THE DATE AND AT THE PLACE SPECIFIED.		
SIGNATURE OF OFFICIANT _____	TITLE OF OFFICIANT _____	
Authorized to perform marriages by the Circuit Court for _____, Virginia, in _____ (city or county) (year of authorization)		
NAME OF OFFICIANT (type or print) _____		
ADDRESS OF OFFICIANT _____ (street or route number) (city or town) (state)		

COPY B
 FOR DIVISION OF VITAL RECORDS

Margin reserved for binding - Please use black ribbon in typewriter or black unfading ink. This is a permanent record.

TO OFFICIANT:

Complete and sign certificate on both copies.

Return both copies within five days to Clerk of Court issuing license

Section 32.1-267 Code of Virginia

COMMONWEALTH OF VIRGINIA

APPLICATION FOR MARRIAGE LICENSE

COPY C
TO BE RETAINED BY
CLERK OF COURT

Margin reserved for binding - Please use black ribbon in typewriter or black unfading ink. This is a permanent record.

CIRCUIT COURT FOR CITY OR COUNTY OF _____	CLERK'S NUMBER _____
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PARTY B (check one) <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE			
14. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____		15. MAIDEN SURNAME (if different from last) _____	
16. SEX _____	17. AGE _____	18. DATE OF BIRTH (Month, Day, Year) _____	19. PLACE OF BIRTH (state or foreign country) _____
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25. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____		25a. SEX _____	26. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____
			26a. SEX _____

WE HEREBY MAKE APPLICATION TO THE CLERK OF THE ABOVE NAMED COURT FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR/AFFIRM THAT ALL OF THE STATEMENTS ABOVE ARE TRUE. WE FURTHER MAKE OATH THAT NEITHER OF THE PARTIES NAMED ABOVE WHO ARE TO BE MARRIED IS LEGALLY INCOMPETENT, CURRENTLY MARRIED NOR ARE WE RELATED TO EACH OTHER TO A PROHIBITED DEGREE. Chapter 3, Title 20, Code of Virginia.

WE FURTHER UNDERSTAND THAT WILLFULLY AND KNOWINGLY MAKING ANY FALSE STATEMENT OR SUPPLYING FALSE INFORMATION IS A CLASS 4 FELONY. Chapter 7, Title 32.1, Code of Virginia.

SIGNATURE _____ SIGNATURE _____
(PARTY A) (PARTY B)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

REMARKS: _____ SIGNATURE _____
CLERK OF COURT OR DEPUTY