

**COMMONWEALTH OF VIRGINIA**  
**Information Required for a Marriage License**

(This information is required from both parties to be completed on our Marriage License Kiosk computer)

PRESENT NAME:

\_\_\_\_\_

(First) (Middle) (Last)

MAIDEN SURNAME (If different from present Last Name):

\_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(State or Foreign Country)

SSN # \_\_\_\_\_

NUMBER OF THIS MARRIAGE: \_\_\_\_\_  
(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)

DIVORCED / or / WIDOWED: \_\_\_\_\_  
(Most Recent Marriage)

(Specify only highest grade completed)

EDUCATION: \_\_\_\_\_ (High School or GED) COLLEGE: (# of years): \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_

(Street address or Route #)

CITY / or / COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Give names of natural parents, unless legally adopted. Give names that appear on birth certificate.

NAME OF PARENT: \_\_\_\_\_ PARENT'S GENDER: \_\_\_\_\_  
(First, Middle, Last, Suffix)

NAME OF PARENT: \_\_\_\_\_ PARENT'S GENDER: \_\_\_\_\_  
(First, Middle, Last, Suffix)

Provide a phone number where you can be reached during daytime hours: \_\_\_\_\_

NOTICES:

- The above information is required by the state registrar of Vital Statistics and VA Code §32.1-267
- The License is only good for 60 days from the date issued.
- Any unused license must be returned to the clerk's office where it was issued.