

**APPLICATION FOR MARRIAGE LICENSE
STEWART COUNTY, TENNESSEE**

Date Issued: _____, 20 _____

Application is hereby made for Marriage License for the following named parties:

Full Name of Groom or Applicant 1: _____

DOB: _____ Age: _____ Social Security Number: _____

Address: _____

Phone Number: _____ State of Birth _____

Father's Full Name: _____

Father's State of Birth _____

Mother's Full Name: _____

Mother's State of Birth _____

Name and Address of Next of Kin: _____

Full Name of Bride or Applicant 2: _____

DOB: _____ Age: _____ Social Security Number: _____

Address: _____

Phone Number: _____ State of Birth _____

Father's Full Name: _____

Father's State of Birth _____

Mother's Full Name: _____

Mother's State of Birth _____

Name and Address of Next of Kin: _____

Address after marriage: _____

() We submitting a notarized Certificate of Completion form (BL434-062804) for premarital counseling in order to pay a discounted fee of \$37.50.

() We **are not** submitting a notarized Certificate of Completion form (BL434-062804) for premarital counseling and agree to pay the regular fee of \$97.50.

My signature below certifies that I understand this license must be used within the next (30) days or it becomes null and void:

Signature Applicant #1

Signature Applicant #2

NOTE: Any applicant under the age of 17 may not marry unless the applicant has been emancipated by court order, and a copy of the court’s order of emancipation must be attached to this application. If either applicant is under the age of 18 years of age, both parents, the guardian, or next of kin of the minor applicant(s) must either personally appear before the County Clerk or submit an affidavit to be attached to this Application.

The undersigned personally appeared to join in this application to consent to this marriage, to verify that the minor Applicant is at least 17 years of age,

Relationship to Minor Applicant	Signature and Date
Relationship to Minor Applicant	Signature and Date
Relationship to Minor Applicant	Signature and Date
Relationship to Minor Applicant	Signature and Date

CONFIDENTIAL INFORMATION – OPTIONAL

<p>18a. Applicant 1: Hispanic Origin (Check the box that best describes whether the Applicant is Spanish/Hispanic/Latino. Check the “No” box if Applicant 1 is not Spanish/Hispanic/Latino.)</p> <p> <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown </p>	<p>18b. Applicant 2: Hispanic Origin (Check the box that best describes whether the Applicant is Spanish/Hispanic/Latino. Check the “No” box if Applicant 2 is not Spanish/Hispanic/Latino.)</p> <p> <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown </p>
<p>19a. Applicant 1: Race (Check one or more races to indicate how the Applicant identifies.)</p> <p> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native Name of enrolled or principal tribe (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"/> 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 _____ <input type="checkbox"/> Unknown </p>	<p>19b. Applicant 2: Race (Check one or more races to indicate how the Applicant identifies.)</p> <p> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native Name of enrolled or principal tribe (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"/> 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 _____ <input type="checkbox"/> Unknown </p>
<p>20a. Applicant 1: Education (Check the box that best describes the highest degree or level of school the Applicant completed.)</p> <p> <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, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MBA) <input type="checkbox"/> Doctorate (e.g., PhD) or Professional degree (e.g., MD, JD) <input type="checkbox"/> Unknown </p>	<p>20b. Applicant 2: Education (Check the box that best describes the highest degree or level of school the Applicant completed.)</p> <p> <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, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MBA) <input type="checkbox"/> Doctorate (e.g., PhD) or Professional degree (e.g., MD, JD) <input type="checkbox"/> Unknown </p>
<p>21a. Applicant 1: Number of this Marriage (1st, 2nd, 3rd, etc.)</p>	<p>21b. Applicant 2: Number of this Marriage (1st, 2nd, 3rd, etc.)</p>
<p>22a. Applicant 1: If Previously Married, Date Marriage Ended</p>	<p>22b. Applicant 2: If Previously Married, Date Marriage Ended</p>