

# AFFIDAVIT FOR LICENSE TO MARRY

No. \_\_\_\_\_

STATE OF MICHIGAN  
County of ISABELLA

The Undersigned, being duly sworn, depose(s) and say(s) that:

COUPLE	and	
	FULL NAME (First, Middle, Last)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SURNAME ON BIRTH CERTIFICATE, IF DIFFERENT	
	PRESENT AGE	DATE OF BIRTH
	BIRTHPLACE - CITY AND STATE	
	RESIDENCE NO.	STREET
	CITY, STATE, AND ZIP CODE	
	RESIDENCE COUNTY	TIMES PREVIOUSLY MARRIED
	FULL NAME (First, Middle, Last)	
	SURNAME AT BIRTH	BIRTHPLACE
FULL NAME (First, Middle, Last)		
SURNAME AT BIRTH	BIRTHPLACE	
PHONE # _____		
PHONE # _____		

intend to marry and that this affidavit is made for the purpose of obtaining a marriage license; that each of the above-named persons is of the age required by law, is not related to the other within the degree prohibited by statute and is of sufficient mental capacity to contract marriage; that said persons are acquainted with the laws of the State of Michigan relative to marriage; that there is no legal impediment to said marriage; and that to the best knowledge and belief of the undersigned all of the foregoing statements are true.

Educational materials regarding prenatal care and the transmission and prevention of venereal disease and HIV infection as well as information on the availability of tests for these diseases have been received.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Subscribed to before me:  the County Clerk:  a Notary Public of ISABELLA County,  
acting in \_\_\_\_\_ County, and whose commission expires on \_\_\_\_\_, 20\_\_\_\_;  
or  other person authorized to administer oaths, and sworn to on \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_