

AFFIDAVIT FOR LICENSE TO MARRY

No. _____

STATE OF MICHIGAN

County of ISABELLA

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

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

PARENTS

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 _____