



Application for Marriage License



STATE OF MARYLAND Circuit Court for Carroll County

Party 1: First Name _____ Middle Name _____ Last Name _____ Suffix _____

Address _____

City, State, Zip Code _____

Phone Number _____ - _____ - _____ Social Security Number _____ - _____ - _____

Age _____ Place of Birth _____

State or Foreign Country _____

Marital Status: Never Married Divorced Widowed

Divorced/Widowed	Date	Location
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

Party 2: First Name _____ Middle Name _____ Last Name _____ Suffix _____

Address _____

City, State, Zip Code _____

Phone Number _____ - _____ - _____ Social Security Number _____ - _____ - _____

Age _____ Place of Birth _____

State or Foreign Country _____

Marital Status: Never Married Divorced Widowed

Divorced/Widowed	Date	Location
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

Are you related by blood or marriage? _____

Signature of Party 1 _____

Signature of Party 2 _____

Date ____ / ____ / ____

*****For staff: Add phone number given at Internal Memo field**

*If applicant is younger than 18 years old, parental permission is required. If applicant is younger than 16 years old, a doctor's certificate is required as well.