STATE OF MARYLAND

CECIL COUNTY

INFORMATION WORKSHEET FOR APPLYING FOR A MARRIAGE LICENSE WHEN GETTING MARRIED IN CECIL COUNTY

PARTY 1FULL NAME:		First		Middle		Last	
RESIDENCE:				Middle			
DATE OF BIRT	H·				(Full A	Address including Zip Code)	
		RTH.					
STATE/COUNTRY OF BIRTH: SOCIAL SECURITY NO.:							
MARITAL STAT		Single					
Divorced		Widowed					
Divolced	OI	widowed	Month	Da	y Y	ear State	
D	,						
Divorced	or	Widowed	Month	Da	y Y	ear State	
Divorced	O# .	Widowed					
Divorced	or	widowed	Month	Da	y Y	Year State	
DADTWAFILL NAME							
PARTY 2 FULL	NAME:	First	First			Last	
RESIDENCE:							
DATE OF DIDT	11.				(Full A	Address including Zip Code)	
DATE OF BIRTH: STATE/COUNTRY OF BIRTH.							
STATE/COUNTRY OF BIRTH:							
SOCIAL SECURITY NO.:							
MARITAL STAT		Single					
Divorced	or	Widowed	Month	Da	y Y	ear State	
Divorced	or	Widowed					
Divorced	01		Month	Da	y Y	Year State	
Divorced	or	Widowed					
Divolceu	OI.	widowed	Month	Day	Y	Year State	

ANY RELATIONSHIP TO EACH OTHER BY BLOOD OR MARRIAGE:

^{*}Add additional page if more than three (3) prior marriages for either party