

AFFIDAVIT FOR LICENSE TO MARRY

STATE OF MICHIGAN

No. _____

County of _____

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

MALE

FEMALE

and

FULL NAME OF MALE (First, Middle, Last)

FULL NAME OF FEMALE (First, Middle, Last)

LAST NAME BEFORE FIRST MARRIED, IF DIFFERENT

PRESENT AGE

DATE OF BIRTH

PRESENT AGE

DATE OF BIRTH

RESIDENCE NO.

STREET

RESIDENCE NO.

STREET

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

RESIDENCE COUNTY

TIMES PREVIOUSLY MARRIED

RESIDENCE COUNTY

TIMES PREVIOUSLY MARRIED

BIRTHPLACE - CITY AND STATE

BIRTHPLACE - CITY AND STATE

FATHER'S FULL NAME

FATHER'S FULL NAME

MOTHER'S FULL NAME BEFORE 1ST MARRIED

MOTHER'S FULL NAME BEFORE 1ST MARRIED

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

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; County Clerk; a Notary Public of _____ County, acting in _____ County, and whose commission expires on _____, 20____; or other person authorized to administer oaths, and sworn to on _____, 20____.

Signature _____