## OFFICE OF THE CLERK OF CIRCUIT COURT PRINCE WILLIAM COUNTY, CITIES OF MANASSAS AND MANASSAS PARK

## **AFFIDAVIT AND APPLICATION FOR MARRIAGE LICENSE**

| NAME   |   |   |   |  |                        |  |
|--|---|---|---|--|------------------------|--|
| First  |   | Middle  | La  | est  |                        |  |
| SOCIAL SECURIT   | TY NUMBER   | R (if none, lea   | ve blank)   |  |                        |  |
| AGEDA  | TE OF BIRT  | H (month, da  | ıy, year)   |  |                        |  |
| PLACE OF BIRTH   | I (state or fore                                    | eign country)_  |   |  |                        |  |
| NUMBER OF THIS   | S MARRIAC   | GE (first, seco   | nd, etc.)   |  |                        |  |
| MARITAL STATU  | S (if previous                                      | sly married) \  | WIDOWED [   | □ DIVORCED   |                        |  |
| EDUCATION (Specify only highes   | •   | or Secondary (0-12)<br>leted)                                 |   |  | College<br>(1-4 or 5+) |  |
| FULL ADDRESS   | STREET  |   |   |  |                        |  |
|  | CITY, STATE, ZIP                                    |   |   |  |                        |  |
|  | COUNTY (  | If independent  | )   |  |                        |  |
| FATHER'S NAME  |   | ·   |   |  |                        |  |
|  | First   | Middle  |   | Last   |                        |  |
| MOTHER'S MAID  | EN NAME_  |   | Middle  | ) ( ' 1  |                        |  |
| I HEREBY MAKE<br>COURT FOR A MATHE STATEMENT<br>NEITHER OF THE<br>INCOMPETENT, I<br>PROHIBITED DEC | ARRIAGE L<br>IS ABOVE A<br>E PARTIES V<br>NOR ARE W | ION TO THI<br>ICENSE AN<br>ARE TRUE.<br>WHO ARE T<br>E RELATE | E CLERK OF<br>D SOLEMNL<br>I FURTHER<br>TO BE MARR<br>D TO EACH ( | THE ABOVE I<br>Y SWEAR TH<br>MAKE OATH I<br>IED IS LEGAL<br>OTHER TO A | AT ALL<br>THAT<br>LLY  |  |
|  |   | SI  | GNATURE   |  |                        |  |
| STATE OFCOUNTY/CITY O  | F   |   |   |  |                        |  |
| SUBSCRIBED ANI   | D SWORN T   | O BEFORE  | ME BY   |  | _                      |  |
|  | TH  | ISDAY   | / <b>OF</b>   |  |                        |  |
| MY COMMISSION  | N EXPIRES:  |   | NOTADA  | V DIIDI IC   |                        |  |
| NOTARY REGIST  | RATION NO   | D.:   | NUIAK   | Y PUBLIC   |                        |  |

12/06/2011