MARRIAGE LICENSE APPLICATION FORM

Pursuant to A.R.S. § 25-121C, except for release to the Department of Economic Security for the purpose of child support enforcement, the Social Security Number provided herein shall not be released to any person or entity unless the applicant requests in writing that the information be released.

Please print: Information must be clear and accurate as it will appear on your marriage license.
Please indicate type of license for which you are applying:

[ ] Traditional Marriage License [ ] Covenant Marriage License [ ] Covenant Conversion

(All information must be provided per A.R. S. § 25-121)

Legal Name: _____
First Middle Last

Current Address: _____
Street Address

_____
City State Zip Code

_____
City where you were born State where you were born

_____ **OR** [ ] I do not have a social security number
Social Security Number

_____ _____
Age Date of Birth

(All information must be provided per A.R. S. § 25-121)

Legal Name: _____
First Middle Last

Current Address: _____
Street Address

_____
City State Zip Code

_____
City where you were born State where you were born

_____ **OR** [ ] I do not have a social security number
Social Security Number

_____ _____
Age Date of Birth

PLEASE PROVIDE THE INFORMATION BELOW WHERE YOU MAY BE CONTACTED AFTER YOUR MARRIAGE

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: ( ) - _____ Email: _____

☐ ***Abstract purchased on*** _____. ***No refunds provided***.