

AFFIDAVIT FOR LICENSE TO MARRY

No. _____

STATE OF MICHIGAN

County of GLADWIN

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

COUPLE	_____	and	_____
	FULL NAME (First, Middle, Last) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		FULL NAME (First, Middle, Last) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	_____		_____
	SURNAME ON BIRTH CERTIFICATE, IF DIFFERENT		SURNAME ON BIRTH CERTIFICATE, IF DIFFERENT
	PRESENT AGE _____ DATE OF BIRTH _____		PRESENT AGE _____ DATE OF BIRTH _____
	_____		_____
	BIRTHPLACE - CITY AND STATE		BIRTHPLACE - CITY AND STATE
	RESIDENCE NO. _____ STREET _____		RESIDENCE NO. _____ STREET _____
	_____		_____
	CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE
PARENTS	RESIDENCE COUNTY _____ TIMES PREVIOUSLY MARRIED _____		RESIDENCE COUNTY _____ TIMES PREVIOUSLY MARRIED _____
	_____		_____
	FULL NAME (First, Middle, Last)		FULL NAME (First, Middle, Last)
	SURNAME AT BIRTH _____ BIRTHPLACE _____		SURNAME AT BIRTH _____ BIRTHPLACE _____
	_____		_____
	FULL NAME (First, Middle, Last)		FULL NAME (First, Middle, Last)
SURNAME AT BIRTH _____ BIRTHPLACE _____		SURNAME AT BIRTH _____ 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: the 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 _____