

Your marriage record is vital.
Be sure the information you give is complete and accurate.

MARRIAGE LICENSE APPLICATION

TO BE FILLED OUT BY COUPLE MAKING APPLICATION

STATE OF HAWAII • DEPARTMENT OF HEALTH
OFFICE OF HEALTH STATUS MONITORING

PLEASE PRINT – USE BLACK INK

(Please read instructions on reverse side of this form)

LICENSE NO. _____

GROOM (MALE) Zip Code _____	1a. FIRST NAME OF GROOM			b. MIDDLE NAME		c. LAST NAME		1d. SOCIAL SECURITY NO.	2. DATE OF BIRTH (Month, Day, Year)		
	3. USUAL RESIDENCE: a. STREET ADDRESS			CITY	b. COUNTY		c. STATE OR FOREIGN COUNTRY		4. PLACE OF BIRTH: *City & State/Country		
	5. FATHER: a. FULL NAME – FIRST, MIDDLE, LAST						b. STATE OR FOREIGN COUNTRY OF BIRTH*			c. Living?* Yes, No, Refused, or Unknown	
	6. MOTHER: a. FULL NAME – FIRST, MIDDLE, MAIDEN NAME						b. STATE OR FOREIGN COUNTRY OF BIRTH*			c. Living?* Yes, No, Refused, or Unknown	
BRIDE (FEMALE) Zip Code _____	7a. FIRST NAME OF BRIDE			b. MIDDLE NAME		c. LAST NAME		7d. SOCIAL SECURITY NO.	8. DATE OF BIRTH (Month, Day, Year)		
	9. USUAL RESIDENCE: a. STREET ADDRESS			CITY	b. COUNTY		c. STATE OR FOREIGN COUNTRY		10. PLACE OF BIRTH: *City & State/Country		
	11. FATHER: a. FULL NAME – FIRST, MIDDLE, LAST						b. STATE OR FOREIGN COUNTRY OF BIRTH*			c. Living?* Yes, No, Refused, or Unknown	
	12. MOTHER: a. FULL NAME – FIRST, MIDDLE, MAIDEN NAME						b. STATE OR FOREIGN COUNTRY OF BIRTH*			c. Living?* Yes, No, Refused, or Unknown	
Blood relationship of groom to bride:		In what county do you plan to be married? <small>(Honolulu, Hawai'i Maui, or Kauai County)</small>			When do you plan to be married?		Name of Marriage Performer (Commissioned by the State of Hawai'i)				
FORWARDING ADDRESS: <small>(After Marriage)</small>							DO YOU WANT YOUR NAMES <input type="checkbox"/> YES <input type="checkbox"/> NO PRINTED OR POSTED ELECTRONICALLY IN THE NEWSPAPER?				
E-MAIL ADDRESS:					HOME/CELL PHONE NUMBER:			WORK PHONE NUMBER:			

CONFIDENTIAL INFORMATION – PLEASE COMPLETE

SUPPLEMENTARY DATA	NO. OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED.			RACE*	OCCUPATION*	EDUCATION* - Specify Highest Grade Completed	SEX		
		FIRST, SECOND, ETC. (SPECIFY)	BY DEATH, DIVORCE, DISSOLUTION, ANNULMENT (specify)	DATE ENDED					PLACE ENDED (COUNTY & STATE)	
				MONTH						YEAR
GROOM	21.	22a.	22b.	22c.	23.	24.	25.	26.		
BRIDE	27.	28a.	28b.	28c.	29.	30.	31.	32.		

FOR OFFICE USE ONLY	
GROOM: SIGHTED: _____ #: _____ NAME ✓? Yes No DOB ✓? Yes No AGE: ____ Sex: M F Previous Marriage(s): _____	BRIDE: SIGHTED: _____ #: _____ NAME ✓? Yes No DOB ✓? Yes No AGE: ____ Sex: M F Previous Marriage(s): _____

CERTIFICATION - SIGN BEFORE MARRIAGE AGENT	
We, the undersigned, certify that the information given in this application is true and correct to be best of our knowledge and belief.	
_____ FULL SIGNATURE OF PROSPECTIVE GROOM (MALE)	_____ FULL SIGNATURE OF PROSPECTIVE BRIDE (FEMALE)
Sworn and subscribed to before me this _____ day of _____, 20____	
_____ MARRIAGE LICENSE AGENT	_____ JUDICIAL DISTRICT, STATE OF HAWAII