

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
(Please read instructions on reverse side of this form)

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

PLEASE PRINT – USE BLACK INK

LICENSE NO. _____

APPLICANT I Zip Code _____ <input type="checkbox"/> Groom <input type="checkbox"/> Bride <input type="checkbox"/> Spouse	1a. FIRST NAME OF APPLICANT I			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	
APPLICANT II Zip Code _____ <input type="checkbox"/> Groom <input type="checkbox"/> Bride <input type="checkbox"/> Spouse	7a. FIRST NAME OF APPLICANT II			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 Applicant I to Applicant II:		In what county do you plan to be married? (Honolulu, Hawai'i Maui, or Kaua'i County)			When do you plan to be married?		Name of Marriage Performer (Commissioned by the State of Hawai'i)			
FORWARDING ADDRESS: (After Marriage)							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/OTHER LEGAL UNION	CURRENTLY IN CIVIL UNION OR OTHER LEGALLY RECOGNIZED UNION WITH SAME PARTNER?	IF PREVIOUSLY MARRIED OR IN OTHER LEGALLY RECOGNIZED UNION, LAST MARRIAGE/OTHER LEGAL UNION ENDED.			RACE*	OCCUPATION*	EDUCATION* - Specify Highest Grade Completed	SEX	
	FIRST, SECOND, ETC. (SPECIFY)		BY DEATH, DIVORCE, DISSOLUTION, ANNULMENT OR TERMINATION (specify)	DATE ENDED						PLACE ENDED (COUNTY & STATE)
				MONTH	YEAR					
APPLICANT I	21a.	21b.	22a.	22b.	22c.	23.	24.	25.	26.	
APPLICANT II	27a.	27b.	28a.	28b.	28c.	29.	30.	31.	32.	

FOR OFFICE USE ONLY	
APPLICANT I: SIGHTED: _____ #: _____ NAME ✓? Yes No DOB ✓? Yes No AGE: ____ Sex: M F Previous Marriage(s)/Legal Union(s): _____	APPLICANT II: SIGHTED: _____ #: _____ NAME ✓? Yes No DOB ✓? Yes No AGE: ____ Sex: M F Previous Marriage(s)/Legal Union(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 APPLICANT I	
_____ FULL SIGNATURE OF APPLICANT II	
Sworn and subscribed to before me this _____ day of _____, 20____	
_____ MARRIAGE LICENSE AGENT	_____ JUDICIAL DISTRICT, STATE OF HAWAII