

State of Illinois Illinois Department of Public Health

STATE OF ILLINOIS MARRIAGE APPLICATION AND RECORD STATE FILE NUMBER

TYPE / PRINT IN	COUNTY		LICENSE	LICENSE NUMBER							
PERMANENT BLACK INK	Bond County										
GROOM BRIDE SPOUSE	1a. NAME FI		MIDDLE			LAST 1b. LAST		ST NAME ON BIRTH CERTIFICATE			
_ SPOUSE	2a. RESIDENCE — STREET AND NUMBER OR R.F.D.			2b. CITY,	TOWN, TWP., OF	2c: COUNTY	; COUNTY		2d. STATE		
	3a. DATE OF BIRTH (MONTH, DAY	TE OF BIRTH (MONTH, DAY, YEAR) 3b AGE 3c. S		3d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		4. SOCIAL	4. SOCIAL SECURITY NUMBER		5. USUAL OCCUPATION		
	6a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APP			PLICABLE) 6b. ADDRESS						6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
*	7a. PARENT'S NAME (FIRST, MIDE	F APPLICABLE	ABLE) 7b. ADDRESS					7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			
GROOM BRIDE SPOUSE BROOM	8a. NAME FI		MIDDLE			LAST	8b. LAS	T NAME O	N BIRTH CERTIFICATE		
	9a. RESIDENCE — STREET AND NUMBER OR R.F.D.			9b. CITY, TOWN, TWP., OR R			RÒAD DIST. NO 9c. COUNTY		.9d STATE		
	10a. DATE OF BIRTH (MONTH, DAY, YEAR) 10b. AGE 10a		10c SEX 10	SEX 10d BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. SOCIA	CIAL SECURITY NUMBER 12		2 USUAL OCCUPATION		
	13a PARENT'S NAME (FIRST, MID	IF APPLICABLI	E) 13b. ADDRESS					13c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			
	14a. PARENT'S NAME (FIRST, MID	BLE) 14b. ADDRESS					14c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)				
	15. IF PARTIES ARE RELATED TO EACH OTHER — SPECIFY RELATIONSHIP 16. THIS LICENSE EFFECTIVE ON:										
AFFIDAVIT	WE HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF OUR KNOWLEDGE, THAT WE ARE FREE TO INTERMARRY UNDER THE LAWS OF THIS STATE AND THE LAWS OF THE JURISDICTION WHERE WE RESIDE 17. GROOM/BRIDE/SPOUSE A (SIGN FULL NAME) 18. GROOM/BRIDE/SPOUSE B (SIGN FULL NAME)									NDER THE LAWS OF	
	>		>								
	19. SUBSCRIBED AND SWORN TO BEFORE ME ON:			20. SIGNATURE OF COUNTY CLERK BY						DEPUTY	
MARRIAGE RECORD	21. DATE OF MARRIAGE (MONTH, DAY, YEAR)			22. PLACE OF MARRIAGE (CITY, VILLAGE OR TOWN, IF RURAL, GIVE TWP NAME OR ROAD DIS						23. TYPE OF CEREMONY (RELIGIOUS OR CIVIL)	
	24 NAME OF OFFICIANT		25				TITLE				
	26. DATE RECORDED (MÖNTH, DAY, YEAR) 27			27: SIGNATURE OF COUNTY CLERK					BY DEPUTY		
	INFORMATION FOR STATISTICAL PURPOSES ONLY										
	RACE SPECIFY (E.G., WHITE, BLACK,	EDUCATION (SPECIFY HIGHEST GRADE COMPL ELEMENTARY OR COLLEGE		PLETED) TH	NUMBER OF IIS MARRIAGE RST, SECOND,	CIVIL UNION ENDED BY DEATH, DISSOLUT		UTION OR IN VHEN	RRIAGE/CIVIL UNION — LAST MARRIAGE/ TION OR INVALIDITY OF MARRIAGE/CIVIL UNION EN SPECIFY WHERE		
GROOM/BRIDE/ SPOUSE A	AMERICAN INDIAN)	SECONDARY (0-12)			TC (SPECIFY)	SPECIFY HO	(MONTH, DA)	(, YEAR) (COUNTY A	ND STATE (ABBREVIATED))	
GROOM/BRIDE/											
SPOUSE B	334									☐ YES	

