

Marriage License Number: _____

****IMPORTANT****

Please note that the way you state your name on the Marriage License Application is very important.

The name you enter as your current **“full name”** must be your name as it appears on your birth certificate, driver’s license, passport, military identification, permanent residence card, resident alien card, certificate of naturalization, or any other document you present to the Court as proof of your identity. **This is the name that will appear on your Marriage License.** If this name is spelled incorrectly, is out of order, or is otherwise wrong, you may encounter problems with the state or federal agencies such as Social Security and Immigrations and Naturalization Services.

The name you enter as your **“designated name”** will be your legal name **after you are married.** If you intend to change your last name after you get married but fail to put the correct designated surname on your application, you may encounter problems changing your name after marriage with the state or federal agencies, such as the Department of Motor Vehicles and/or Social Security; problems may also occur with financial institutions. This Court will not amend your Application to change your designated surname after you are married.

****SICKLE CELL DISEASE INFORMATION****

Effective July 1, 2009, this Court is required by O.C.G.A 19-3-40 to disseminate information regarding blood testing for Sickle Cell Disease to every person applying for marriage license. It is recommended the every person applying for a marriage license obtain a blood test for Sickle Cell Disease prior to obtaining his or her marriage license. For information describing the importance of obtaining a blood test for Sickle Cell Disease and explaining the causes and effects of such disease, please visit the Probate section of the Douglas County website at www.celebratedouglascounty.com.

I hereby certify that I have read and fully understand the above information.

_____	_____	_____	_____
Signature of Applicant	Date	Signature of Applicant	Date

The name on the marriage license are correct: _____ Applicant One _____ Applicant Two
<i>Initial</i> <i>Initial</i>

GEORGIA, DOUGLAS COUNTY

This is to certify that this is a true and correct copy as recorded in the office of Probate Court of said county

This _____ day of _____, 20_____

_____, Judge /Clerk

Application For Marriage License

GEORGIA DEPARTMENT OF HUMAN RESOURCES

"Vital Records Services"

County DOUGLAS

County No. _____

Contracting Parties:	Applicant One: Male or Female			Applicant Two: Male or Female		
1. Full Name						
2. Residence: Street Address						
City/State/Zip						
County						
3. Age Date of Birth and Race	Age	Date of Birth	Race	Age	Date of Birth	Race
4. Birthplace						
5. Are you Related?	Yes or No			Yes or No		
6. Usual Occupation (optional)						
7. Designated Surname						
8. Number of Previous Marriages/How Dissolved	Number	DEATH Or DIVORCE		Number	DEATH Or DIVORCE	
8a. When and Where Dissolved	Date	City/ State		Date	City/State	
9. Any Legal Impediment	Yes or No			Yes or No		
10. Father's Full Name						
11. Father's Place of Birth	City and State			City and State		
12. Father's Current Residence	City and State			City and State		
13. Mother's Full Name at Birth						
14. Mother's Place of Birth	City and State			City and State		
15. Mother's Current Residence	City and State			City and State		

Date and Place of Contemplated Marriage: _____

Have you Completed PreMarital Education Pursuant to Code Section 19-3-30? Yes No

I hereby certify that the forgoing information was made under oath and the contracting parties

This _____ day of _____, 20_____

Signature of Probate Judge/Clerk

I hereby certify that I have the DHR AIDS brochure subscribed me by both of and list of test sites; also, certify that all information is true and correct.

Applicant One _____

Applicant Two _____

Court ID Number _____

State File Number _____

Douglas County Probate Court
STATE OF GEORGIA
APPLICATION SUPPLEMENT--MARRIAGE REPORT

Phone Number Applicant One: _____

Phone Number Applicant Two: _____

Applicant One

Name(First, Middle, Last, Suffix)	Date of Birth	Last Name At Birth
Social Security Number	Number of this Marriage (1 st , 2 nd , 3 rd ...)	

Applicant Two

Name(First, Middle, Last, Suffix)	Date of Birth	Last Name At Birth
Social Security Number	Number of this Marriage (1 st , 2 nd , 3 rd ...)	

FOR OFFICE USE ONLY

County of Application: DOUGLAS	DATE OF THIS MARRIAGE (month, day, year)	COUNTY WHERE MARRIAGE OCCURRED
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WHEN YOU SWEAR OR AFFIRM THAT THE MAIN MARRIAGE APPLICATION IS TRUE AND CORRECT, YOU ARE ALSO SWEARING OR AFFIRMING THAT ALL OF THE INFORMATION YOU ENTERED ON THIS APPLICATION SUPPLEMENT FORM IS ALSO TRUE AND CORRECT.

This report is required by State Law, O.C.G.A. 19-3-33 and 31-10-21
This information on this report is used to construct a marriage index to prepare non-identifying statistical reports. No certified copies of this report are issued.

This form may be reproduced locally.