DEPARTMENT OF HEALTH SERVICES Division of Public Health F-05061 (Rev 05/15)

# **WISCONSIN MARRIAGE LICENSE APPLICATION**

STATE OF WISCONSIN Chapter 69, Wis. Stats. Page 1 of 3 MARRIAGEID

See Instructions on the back of this form before completing this form.

1	What document did you bring as proof of Identity & Age?     2. D		. Do you require permission from a parent or guardian to marry?				
APPLICANT	3. Have you been a resident of this county for 30 days?	4. What document did you bring as proof of current residence?			ence?		
APPL			rriage end? (M	Must provide proof) Annulment	7. Da	ate your last marriage ended	
1T 2	8. What document did you bring as proof of Identity & Age?		9. Do you require permission from a parent or guardian to marry?				
APPLICANT	10. Have you been a resident of this county for 30 days?		11. What document did you bring as proof of current residence?				
APP			arriage end? (	(Must provide proof) Annulment	14. [	Date your last marriage ended	
	15. Are you related to each other? (if yes, enter relationship)  16. If first cousins and female applicant is under 55 years old, check which applicant is sterile.  No Yes, relationship   Not Applicable						
	17. Which set of labels should your marriage license worksheet and marriage certificate use?  ☐ Groom/Bride ☐ Bride/Bride ☐ Groom/Groom ☐ Spouse/Spouse						
	18. CURRENT NAME - First Middle	Э		Last		Suffix	
T 1	19. BIRTH NAME - First Middle	La	Last Suffix		20. DAT	20. DATE OF BIRTH	
APPLICANT	21. BIRTHPLACE - COUNTRY	22. ST/	ATE		<b>I</b>		
APP	23. MOTHER'S BIRTH NAME – First, Middle, Last	24. FAT	THER'S BIRT	TH NAME – First, Mid	ldle, Last	25. Same Sex Parents?	
	26. RESIDENCE – COUNTRY/STATE 27. COUNTY		28.	CITY		I	
	29. CURRENT NAME - First Middle	e		Last		Suffix	
T 2	30. BIRTH NAME - First Middle	La	ast	Suffix	31. DAT	E OF BIRTH	
APPLICANT	32. BIRTHPLACE - COUNTRY	33. ST/	ATE				
APPI	34. MOTHER'S BIRTH NAME – First, Middle, Last	35. FAT	THER'S BIRT	H NAME – First, Mid	ldle, Last	36. Same Sex Parents?	
	37. RESIDENCE – COUNTRY/STATE 38. COUNTY		39. CITY				
	40. LICENSE NUMBER 41. ISSUED BY COUNTY CLERK/DEP	UTY	42. DATE ISS	SUED 43.	ISSUING CO	UNTY	
	44. APPLICATION TAKEN BY 45. FEE	PAID 46	6. 5-DAY WA	AITING WAIVED?	47	. WAIVER FEE PAID	
	WARNING: Per ss. 765.08 and 765.20, Wis. Stats., persons intending to marry in the state must complete this form and obtain a valid license to marry before the marriage can take place. Any person falsely swearing to or affirming any parts of this application has violated s. 765.30, Wis. Stats., and may be fined not more than \$10,000 or imprisoned not more than 9 months, or both. The non-confidential portion of this form is an open record and may be reviewed by any member of the public. Reports of fraudulent information will be reported to local law enforcement. This office reserves the right to verify information provided by the applicants.						
	48. STATE OF WISCONSIN County I, (Print Name)	} SS 49	9. STATE OF	WISCONSIN		County } SS	
	hereby swear or affirm that the information provided on this application is correct to the best of my knowledge and belief and that I am free to		nereby swear or annin that the information provided on this application				
	marry under the laws of this state on the date of the intended marriag		marry under the laws of this state on the date of the intended marriage.				
	SIGNATURE – APPLICANT 1		SIGNATURE – APPLICANT 2				
	Subscribed and sworn to or affirmed before me this day in the year	y of		cribed and sworn to o		ore me this day of	
	SIGNATURE COUNTY OF ERV OF REPUTY		SIGNATURE – COUNTY CLERK or DEPUTY				
	SIGNATURE – COUNTY CLERK or DEPUTY  County, Wisco				_	County, Wisconsin	
	50. DATE OF MARRIAGE 51. COUNTY OF MARRIAGE 52. CITY	, VILLAGE	E, OR TOWNS	SHIP	53. CVT INI	DICATOR y	
	54. OFFICIANT NAME 55. OFFICIANT MAILING ADDI	RESS		56. PHONE NU	MBER	57. OFFICIANT EMAIL	

# WISCONSIN MARRIAGE LICENSE APPLICATION

STATE OF WISCONSIN Chapter 69, Wis. Stats. Page 2 of 3

### INSTRUCTIONS FOR COMPLETING THE MARRIAGE LICENSE APPLICATION FORM

You must provide certain information to prove your eligibility to marry and to determine the appropriate jurisdiction for issuance of the marriage license.

### Each applicant MUST be prepared to show legal documentation to establish:

- 1. Your age a certified copy of your birth certificate and driver's license
- 2. Identity a certified copy of your birth certificate and social security card
- 3. Your residence mail, voter registration, driver's license
- 4. How your last marriage ended (if applicable) a certified copy of the divorce certificate or divorce/annulment decree or a certified copy of the death certificate

## Under specific circumstances, you may also need:

- 5. If you are under 18 or have a guardian, you may also need permission from your guardian
- 6. If applicants are related to each other closer than 2<sup>nd</sup> cousins, proof of sterility may be required

## \*\*\*Contact the County Clerk if you are unsure about any documentation you must provide when applying for the marriage license.\*\*\*

#### Items 2 & 9 - GUARDIANSHIP

Specify if you are under the guardianship of another person who is required to give permission for you to marry. If you are under guardianship that requires your guardian's permission, ask the County Clerk for instructions about the guardian's permission form.

### Items 3-4 & 10-11 - PROOF OF RESIDENCE

Specify whether you were or were not a resident of the county of application for the last 30 days prior to the date of application. Be prepared to show proof to the County Clark

#### Items 5-7 & 12-14 - PREVIOUS MARRIAGE

Enter the number of this marriage. If this is your first marriage, enter 1. Enter the method by which your last marriage ended – either divorce, annulment, or death. Be prepared to show proof. Enter the date the last marriage ended. If this is your first marriage, then leave item 'last marriage ended by' and 'date last marriage ended' blank.

#### Item 15 & 16 - APPLICANTS RELATED

Under Wisconsin law, applicants closer than second cousins are not allowed to marry unless they are first cousins and can prove sterility.

## Item 17 – LICENSE AND CERTIFICATE LABELS

There are 4 label options. Select the set of labels that you prefer to be used on your license and marriage certificate.

### Items 18 & 29 - CURRENT NAMES (First, Middle, Last)

Enter your first name, full middle name, and current last name that you are currently using. If you are using a last name other than the name on your legal birth certificate or a last name acquired from a previous marriage, ask the County Clerk for instructions on how to complete this item.

# Items 19 & 30 - BIRTH NAMES (First, Middle, Last)

Enter your birth name. Complete this item even if the name is the same as the current name. This name should be what appears on your birth certificate.

### Items 20 & 31 - DATES OF BIRTH

Enter the date your were born as it appears on your birth certificate. Supply proof of age as directed by the County Clerk.

#### Items 21-22 & 32-33 - COUNTRY & STATE OF BIRTH

Enter the country and state where you were born. If you were not born in the United States, enter only the country.

#### Items 23, 34 - MOTHER'S NAME

Enter the first, full middle, and last name of the applicant's mother. This should be the mother's name as it appears on your birth certificate. If you were adopted, the name entered should be the name or your adoptive mother. If you have same sex parents, indicate Yes in item 27 or 38 as appropriate.

### Items 24, 35 - FATHER'S NAME

Enter the first, full middle, and last name of the applicant's father. This should be the father's name as it appears on your birth certificate. If you were adopted, the name entered should be the name or your adoptive father. If you have same sex parents, indicate Yes in item 27 or 38 as appropriate.

### Items 26-28 & 37-39 - RESIDENCE

Enter the country, state, county, and city in which you claim residency. This may differ from the state where you receive your mail. If you are not a residence of the United States, enter only the country.

Items 40-47 - will be entered by the County Clerk.

Items 48 & 49 MUST be completed in the presence of the County Clerk. Do not sign until in the presence of the County Clerk.

### Items 50-59 - MARRIAGE AND OFFICIANT

Enter the marriage date, location, officiant, and witness information as currently planned.

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CONFIDENTIAL INFORMATION [ss.69.20 (2) and 69.16, Wis. Stats.] Information collected below is confidential except as noted.

1. Social Security Numbers may only be released for Child Support Enforcement program purposes per s. 69.20(3), Wis. Stats., and federal law 42 USC 66(a)(5). You MUST provide your Social Security Number if you have ever been assigned a number. If you have a Social Security Number but refuse to give it, the County Clerk, cannot issue you a marriage license.

2. The street address entered below can be given to a law enforcement office who requests this information under provisions of ss.765.09 (3) and 765.20 (2), Wis. Stats. The length of time the address is kept on file varies by county.

3. The contact information may be given to the Register of Deeds or the State Vital Records Office, if necessary, to ensure the timely filing of an accurate and complete marriage certificate.

complete marriage certificate.									
	SOCIAL SECURITY NUMBER								
APPLICANT 1	HISPANIC ORIGIN  No, not Spanish/Hispanic/Latino(a)  Yes, Mexican, Mexican American, Chicano(a)  Yes, Puerto Rican  Yes, Cuban  Yes, other Spanish/Hispanic/Latino(a) (e.g., Spaniard, Salvadoran, Dominican, Colombian) (specify):								
	RACE White Black or African American American Indian or Alaska Native Specify: Asian Indian Chinese Filipino	] [ [ [ ]	Japanese Korean Vietnamese Laotian Hmong Other Asian Specify: Native Hawaiian	Si   O   Si   O	uamanian or Chamorro amoan ther Pacific Islander pecify: ther pecify:				
	EDUCATION Check the box that best desc 8 <sup>th</sup> grade or less 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma High school graduate or GED comple	Some college credit Associate degree (e	i, but no degree  Maste e.g., AA, AS) Docto	r's degree (e.g., N rate (e.g., PhD, EdD	MA, MS, MBS, MSW)  o) or Professional degree (e.g., MD, DDS, JD)				
. 2	SOCIAL SECURITY NUMBER  HISPANIC ORIGIN No, not Spanish/Hispanic/Latino(a) Yes, other Spanish/Hispanic/Latino(a)  RACE White Black or African American	Yes, Mexican, Mexican ) (e.g., Spaniard, Salvadoran, [	, , ,	☐ G	Rican Yes, Cuban  uamanian or Chamorro amoan ther Pacific Islander				
APPLICANT	<ul><li>☐ American Indian or Alaska Native Specify:</li><li>☐ Asian Indian</li><li>☐ Chinese</li><li>☐ Filipino</li></ul>	] [ ] ]	Laotian Hmong Other Asian Specify: Native Hawaiian	s <sub>i</sub> o	pecify: ther pecify:				
	EDUCATION Check the box that best describes the highest degree or level of school completed)  8 <sup>th</sup> grade or less  Some college credit, but no degree  Master's degree (e.g., MA, MS, MBS, MSW)  19 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma  Associate degree (e.g., AA, AS)  Doctorate (e.g., MD, DDS, JD) or professional degree (e.g.; PhD, EdD)  High school graduate or GED completed  Bachelor's degree (e.g., BA, BS)								
IS [	SSUANCE METHOD  Pick Up  Mail to Officiant	MAIL TO NAME		MAIL TO ADDRESS					
	Mail to Applicant Address Other:	CITY		STATE	ZIP				
		APPLICANT PHONE NUMBER	R APPLICANT EMAIL						