

SAMPLE MARRIAGE LICENSE

(STATE FILE NUMBER)

Department of Health - Office of Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(APPLICATION NUMBER)

1. NAME OF GROOM		DATE OF BIRTH (Month, Day, Year)	
2. NAME OF BRIDE		DATE OF BIRTH (Month, Day, Year)	
7a. RESIDENCE		7b. COUNTY	
STATE		8. BIRTHPLACE (State or Foreign Country)	
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZED THE SAME IS KNOWN TO US, AND HEREBY APPLY FOR LICENSE TO MARRY.			
SEAL	9. SIGNATURE OF SPOUSE (Sign full name using black ink)		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
	11. TITLE OF OFFICIAL		12. SIGNATURE OF OFFICIAL (Use black ink)
	13. SIGNATURE OF SPOUSE (Sign full name using black ink)		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
	15. TITLE OF OFFICIAL		16. SIGNATURE OF OFFICIAL (Use black ink)
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
SEAL	17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	19. EXPIRATION DATE
	20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
	CERTIFICATE OF MARRIAGE		
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
SEAL	21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE	
	23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)	
	23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED			
SPOUSE	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED? NO ___ YES ___
			IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c
SPOUSE	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED? NO ___ YES ___
			IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c

Your Notary can only stamp here inside the lines

Please fill out gray section only - your Notary will need to Sign & Date twice.

Case Number: _____

REQUIRED PREMARITAL STATEMENT

F.S. §741.04

We the undersigned, hereby state: (check the appropriate statements)

1. We have completed a premarital preparation course by a registered provider.
 We did not complete a premarital preparation course by a registered provider.
2. We have obtained and read or otherwise accessed the information contained in The Family Law Handbook or other electronic media presentation of the rights and responsibilities of parties to a marriage specified in F.S. 741.0306.
3. We understand that all fees are non-refundable and a duplicate or amended marriage license will cost an additional \$30.00.
4. We have common child(ren) born in Florida. (Pursuant to SB 694, if the answer is yes, the applicants must complete Form DH 743A)

Groom's Signature

Bride's Signature

Print Groom's Name

Print Bride's Name