



Bill Kemp, Sumner County Clerk
Marriage License Application or APPLY ON LINE: www.sumnertags.com

APPLICANT 1 *Please Print entire form. Thank you.* Office Use:

Please circle: Groom / Bride / Partner **Please circle: Male / Female**

	First	Middle	Last	Original Surname	Birth State
Applicant 1's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Parent 1 Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother / Parent 2 Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>			Social Security No.	<input type="text"/>
City, State, Zip	<input type="text"/>			Race	<input type="text"/>
County	<input type="text"/>	Primary School (1-12) # Years	<input type="text"/>	College +	<input type="text"/>
Phone	<input type="text"/>			What Number Marriage	<input type="text"/>
Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age	<input type="text"/>	Ended by (Circle one):	<input type="text" value="Death"/> <input type="text" value="Divorce"/>
Email	<input type="text"/>			Date Ended: (mm/dd/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>

APPLICANT 2 *Please Print entire form. Thank you.*

Please circle: Groom / Bride / Partner **Please circle: Male / Female**

	First	Middle	Last	Original Surname	Birth State
Applicant 2's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Parent 1 Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother / Parent 2 Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>			Social Security No.	<input type="text"/>
City, State, Zip	<input type="text"/>			Race	<input type="text"/>
County	<input type="text"/>	Primary School (1-12) # Years	<input type="text"/>	College +	<input type="text"/>
Phone	<input type="text"/>			What Number Marriage	<input type="text"/>
Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age	<input type="text"/>	Ended by (Circle one):	<input type="text" value="Death"/> <input type="text" value="Divorce"/>
Email	<input type="text"/>			Date Ended: (mm/dd/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>

Mailing Address after you are married:

Office Use:

Fee \$95.00 or \$35.00 with premarital counseling (requires form)

I understand this license is not valid after thirty (30) days, including day of issuance.

Signature Applicant 1

Signature Applicant 2

