



**Bill Kemp, Sumner County Clerk**  
**Marriage License Information or APPLY ON LINE: [www.sumnertags.com](http://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)**

**DATE OF MARRIAGE:** \_\_\_\_\_ **LICENSE VOID AFTER 30 DAYS, INCLUDING TODAY.**

\_\_\_\_\_  
Signature Applicant 1

\_\_\_\_\_  
Signature Applicant 2