

# Commonwealth of Virginia

## Marriage Application

FULL NAME: \_\_\_\_\_  
(First) (Middle) (Last)

MAIDEN SURNAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(State of Foreign Country)

#OF THIS MARRIAGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
(First, Second, etc.) (Widowed/Divorced)

EDUCATION: \_\_\_\_\_ COLLEGE: \_\_\_\_\_  
(Grades 0-12) (1-4 or 5+)

USUAL RESIDENCE: \_\_\_\_\_  
(Street Address)

CITY OR TOWN RESIDENCE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_ SEX: \_\_\_\_\_  
(First, Middle, Last) (Maiden name if any)

NAME OF PARENT: \_\_\_\_\_ SEX: \_\_\_\_\_  
(First, Middle, Last) (Maiden name if any)