

Commonwealth of Virginia

Marriage Application

FULL NAME: _____
(First) (Middle) (Last)

MAIDEN SURNAME: _____

SSN: _____ - _____ - _____ SEX: _____ AGE: _____

DATE OF BIRTH: _____ / _____ / _____ PLACE OF BIRTH: _____
(State or Foreign Country)

#OF THIS MARRIAGE: _____ MARITAL STATUS: _____
(First, Second, ect.) (Widowed/Divorced)

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

USUAL RESIDENCE: _____
(Street Address or Rt. Number)

CITY OR TOWN REDIDENCE: _____

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)