

# APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES – N.C. VITAL RECORDS

LICENSE NUMBER _____				COUNTY _____			
1a. NAME FIRST MIDDLE LAST						1b. LAST NAME PRIOR TO FIRST MARRIAGE (IF APPLIES)	
1c. GENDER (Optional)	2a. RESIDENCE-STATE	2b. COUNTY		2c. CITY, TOWN, OR LOCATION		2d. INSIDE CITY LIMITS (Specify Yes or No)	
2e. STREET AND NUMBER			3. BIRTHPLACE (COUNTY & STATE)		4a. DATE OF BIRTH (Month, Day, Year)		4b. AGE
5a. PARENT'S NAME AT PARENT'S BIRTH		5b. STATE OF BIRTH		5c. ADDRESS (If Living)			
6a. PARENT'S NAME AT PARENT'S BIRTH		6b. STATE OF BIRTH		6c. ADDRESS (If Living)			
7. RACE (Optional)	8. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED			10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED		
9a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		9b. DATE MONTH YEAR		ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)	
11a. NAME FIRST MIDDLE LAST						11b. LAST NAME PRIOR TO FIRST MARRIAGE (IF APPLIES)	
11c. GENDER (Optional)	12a. RESIDENCE-STATE	12b. COUNTY		12c. CITY, TOWN, OR LOCATION		12d. INSIDE CITY LIMITS (Specify Yes or No)	
12e. STREET AND NUMBER			13. BIRTHPLACE (COUNTY & STATE)		14a. DATE OF BIRTH (Month, Day, Year)		14b. AGE
15a. PARENT'S NAME AT PARENT'S BIRTH		15b. STATE OF BIRTH		15c. ADDRESS (If Living)			
16a. PARENT'S NAME AT PARENT'S BIRTH		16b. STATE OF BIRTH		16c. ADDRESS (If Living)			
17. RACE (Optional)	18. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED			20. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED		
19a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		19b. DATE MONTH YEAR		ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)	

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT 1

\_\_\_\_\_  
SIGNATURE OF APPLICANT 2

To any ordained minister of any religious denomination, minister authorized by a church, federally or state recognized Indian nation or tribe, magistrate, or any other person authorized to solemnize a marriage under the laws of this State, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within this State. The minister or other person celebrating this marriage is required within 10 days to return this license to the Register of Deeds who issued the license. Failure to do so subjects person celebrating marriage to a forfeiture of \$200.00 to anyone who sues for the same.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

20 \_\_\_\_\_

REGISTER OF DEEDS

DEPUTY / ASSISTANT

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON			MONTH	DAY	YEAR	21b. PLACE OF MARRIAGE – COUNTY	
21c. SIGNATURE OF OFFICIANT						21d. TITLE	
21e. NAME OF OFFICIANT (PRINT/TYPE)						21f. ADDRESS	
22a. SIGNATURE OF WITNESS						23a. SIGNATURE OF WITNESS	
22b. NAME OF WITNESS (PRINT/TYPE)						23b. NAME OF WITNESS (PRINT/TYPE)	
22c. ADDRESS OF WITNESS						23c. ADDRESS OF WITNESS	

DATE RETURNED TO REGISTER OF DEEDS \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

NUMBER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MARRIAGE LICENSE

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APPLICANT 1

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APPLICANT 2

# APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES – N.C. VITAL RECORDS

LICENSE NUMBER				COUNTY			
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1c. GENDER (Optional)	2a. RESIDENCE-STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION		2d. INSIDE CITY LIMITS (Specify Yes or No)		
2e. STREET AND NUMBER			3. BIRTHPLACE (COUNTY & STATE)		4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE	
5a. PARENT'S NAME AT PARENT'S BIRTH		5b. STATE OF BIRTH	5c. ADDRESS (If Living)				
6a. PARENT'S NAME AT PARENT'S BIRTH		6b. STATE OF BIRTH	6c. ADDRESS (If Living)				
7. RACE (Optional)	8. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED		10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED			
9a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		9b. DATE MONTH YEAR	ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)		
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**APPLICANT 1**

**APPLICANT 2**

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SIGNATURE OF APPLICANT 1 \_\_\_\_\_ SOCIAL SECURITY NUMBER OF APPLICANT 1 \_\_\_\_\_  
 SIGNATURE OF APPLICANT 2 \_\_\_\_\_ SOCIAL SECURITY NUMBER OF APPLICANT 2 \_\_\_\_\_

To any ordained minister of any religious denomination, minister authorized by a church, federally or state recognized Indian nation or tribe, magistrate, or any other person authorized to solemnize a marriage under the laws of this State, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within this State. The minister or other person celebrating this marriage is required within 10 days to return this license to the Register of Deeds who issued the license. Failure to do so subjects person celebrating marriage to a forfeiture of \$200.00 to anyone who sues for the same.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

\_\_\_\_\_ 20 \_\_\_\_\_ REGISTER OF DEEDS DEPUTY / ASSISTANT

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON			MONTH	DAY	YEAR	21b. PLACE OF MARRIAGE – COUNTY	
21c. SIGNATURE OF OFFICIANT						21d. TITLE	
21e. NAME OF OFFICIANT (PRINT/TYPE)						21f. ADDRESS	
22a. SIGNATURE OF WITNESS						23a. SIGNATURE OF WITNESS	
22b. NAME OF WITNESS (PRINT/TYPE)						23b. NAME OF WITNESS (PRINT/TYPE)	
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**OFFICIANT**

**WITNESSES**

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OFFICIANT

WITNESSES

DATE RETURNED TO REGISTER OF DEEDS \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

