

# 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 AT BIRTH (If Different)		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 AT BIRTH (If Different)		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)

**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

\_\_\_\_\_  
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		

**OFFICIANT**

**WITNESSES**

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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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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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.

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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		

**OFFICIANT**

**WITNESSES**

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

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**OFFICIANT**

**WITNESSES**

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