

# AFFIDAVIT FOR MARRIAGE LICENSE

PLEASE PRINT: (USE BLACK INK ONLY)

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

ADDRESS: \_\_\_\_\_  
(Number Street) (City) (State) (Zip) (County)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ State You Were Born In: \_\_\_\_\_

Contact #: \_\_\_\_\_

Is This Your First Marriage? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, Give number of this marriage: \_\_\_\_\_

Last Marriage ended by: \_\_\_\_\_ Divorce \_\_\_\_\_ Death

Last Marriage ended on: \_\_\_\_\_  
(Month/Day/Year)

**Check One:**

- I have elected to take the Marriage Counseling Course \_\_\_\_\_
- I have elected to wait the 3-Day waiting period \_\_\_\_\_
- I am not a resident of the State of Florida \_\_\_\_\_

I hereby acknowledge that I have read the Family Law Handbook as required by Florida Law in obtaining a marriage license.

The undersigned, being first duty sworn, says that the foregoing is a just and true statement.

\_\_\_\_\_  
Signature

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**Rebecca L. Norris**  
Clerk of Court, Gulf County

(SEAL)

By: \_\_\_\_\_  
Deputy Clerk