# ANGIE H. GROVES
# ROBERTSON COUNTY CLERK

511 SOUTH BROWN STREET
SPRINGFIELD, TN 37172

## MARRIAGE LICENSE INFORMATION

**APPLICANT 1** GROOM ☐ BRIDE ☐ PARTNER ☐

Applicant 1's Name _____ (First) _____ (Middle) _____ (Last) _____ (Suffix) _____ (Original Surname) _____ (Birth State)

Father / Parent 1's Name _____ (First) _____ (Middle) _____ (Last) _____ (Suffix) _____ (Original Surname) _____ (Birth State)

Mother / Parent 2's Name _____ (First) _____ (Middle) _____ (Last) _____ (Suffix) _____ (Original Surname) _____ (Birth State)

Applicant 1's Address _____ (Street and Number)

_____ (City) _____ (State) _____ (Zip)

_____ (County)

Applicant 1's Email _____

Applicant 1's Phone _____

Applicant 1's Birth Date _____ Age _____

Social Security Number _____

Race _____

Primary Education _____

College, No. Yrs. Completed _____

Marriage Number _____

How Prev. Marriage Ended _____

Date Prev. Marriage Ended _____

Gender _____

Next of Kin _____

Address _____

**APPLICANT 2** GROOM ☐ BRIDE ☐ PARTNER ☐

Applicant 2's Name _____ (First) _____ (Middle) _____ (Last) _____ (Suffix) _____ (Original Surname) _____ (Birth State)

Father / Parent 1's Name _____ (First) _____ (Middle) _____ (Last) _____ (Suffix) _____ (Original Surname) _____ (Birth State)

Mother / Parent 2's Name _____ (First) _____ (Middle) _____ (Last) _____ (Suffix) _____ (Original Surname) _____ (Birth State)

Applicant 2's Address _____ (Street and Number)

_____ (City) _____ (State) _____ (Zip)

_____ (County)

Applicant 2's Email _____

Applicant 2's Phone _____

Applicant 2's Birth Date _____ Age _____

Social Security Number _____

Race _____

Primary Education _____

College, No. Yrs. Completed _____

Marriage Number _____

How Prev. Marriage Ended _____

Date Prev. Marriage Ended _____

Gender _____

Next of Kin _____

Address _____

**Address After Marriage**

_____ (Street and Number)

_____ (City) _____ (State) _____ (Zip)

Judge's Name _____

Date Judge Signed _____

**Premarital Counseling**

Did both applicants receive premarital counseling? Yes ☐ No ☐

**I hereby certify that the above statements are true**

**Applicant 1 Signature** _____

**Applicant 2 Signature** _____