

STATE OF MARYLAND

CECIL COUNTY

INFORMATION WORKSHEET FOR APPLYING FOR A MARRIAGE LICENSE WHEN GETTING MARRIED IN CECIL COUNTY

PARTY 1 FULL NAME: _____
First
Middle
Last

RESIDENCE: _____
(Full Address including Zip Code)

AGE: _____

STATE/COUNTRY OF BIRTH: _____

SOCIAL SECURITY NO.: _____

MARITAL STATUS ___ Single

Divorced or Widowed _____
Month
Day
Year
State

Divorced or Widowed _____
Month
Day
Year
State

Divorced or Widowed _____
Month
Day
Year
State

PARTY 2 FULL NAME: _____
First
Middle
Last

RESIDENCE: _____
(Full Address including Zip Code)

AGE: _____

STATE/COUNTRY OF BIRTH: _____

SOCIAL SECURITY NO.: _____

MARITAL STATUS ___ Single

Divorced or Widowed _____
Month
Day
Year
State

Divorced or Widowed _____
Month
Day
Year
State

Divorced or Widowed _____
Month
Day
Year
State

*Add additional page if more than three (3) prior marriages for either party

ANY RELATIONSHIP TO EACH OTHER BY BLOOD OR MARRIAGE: _____