STATE OF MARYLAND
HARFORD COUNTY

INFORMATION WORK SHEET FOR APPLYING FOR A MARRIAGE LICENSE WHEN GETTING MARRIED IN HARFORD COUNTY
EXPECTED MARRIAGE CEREMONY DATE: _____

PARTY 1 FULL NAME: _____
First Middle Last

RESIDENCE_____
(Full Address including Zip Code)

AGE: _____
STATE or COUNTRY OF BIRTH: _____
SS#: _____

Marital Status: ☐ Single

☐ Divorced *or* ☐ Widowed (LIST EACH) _____
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 or COUNTRY OF BIRTH: _____
SS#: _____

Marital Status: ☐ Single

☐ Divorced *or* ☐ Widowed (LIST EACH) _____
Month Day Year State

☐ Divorced *or* ☐ Widowed _____
Month Day Year State

☐ Divorced *or* ☐ Widowed _____
Month Day Year State

Are you related by blood or marriage (Y or N): _____