

# MARRIAGE WORKSHEET \*License is valid ONLY in the State of Nebraska\*

Effective May 1, 2019, the State of Nebraska Vital Statistics office requires an amendment for any correction to a marriage license after it has been finalized.

License # \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ Copies \_\_\_\_\_ Amount \_\_\_\_\_ Payment Type \_\_\_\_\_ Firms # \_\_\_\_\_

1a. <b>GROOM/APPLICANT 1</b> – FULL NAME (First, Middle, Last, Suffix)		1b. NAME AT BIRTH (if different)		2. AGE	
3a. RESIDENCE/ADDRESS (Number and Street)					
3b. COUNTRY		3c. STATE		3d. ZIP	3e. CITY
3f. COUNTY					
4. BIRTHPLACE (City and State or Foreign Country)			5. DATE OF BIRTH		
6a. FATHER'S-FULL NAME (First, Middle, Last)			6b. FATHER'S BIRTHPLACE (City and State or Foreign Country)		
7a. MOTHER'S-FULL NAME-AT HER BIRTH (First, Middle, Last)			7b. MOTHER'S BIRTHPLACE (City and State or Foreign Country)		
8a. <b>BRIDE/APPLICANT 2</b> - FULL NAME (First, Middle, Last, Suffix)		8b. NAME AT BIRTH (if different)		9. AGE	
10a. RESIDENCE/ADDRESS (Number and Street)					
10b. COUNTRY		10c. STATE		10d. ZIP	10e. CITY
10f. COUNTY					
11. BIRTHPLACE (City and State or Foreign Country)			12. DATE OF BIRTH		
13a. FATHER'S-FULL NAME (First, Middle, Last)			13b. FATHER'S BIRTHPLACE (City and State or Foreign Country)		
14a. MOTHER'S -FULL NAME- AT HER BIRTH (First, Middle, Last)			14b. MOTHER'S BIRTHPLACE (City and State or Foreign Country)		
<b>CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD</b>					
15a. SOCIAL SECURITY NUMBER- Groom/Applicant 1			15b. SOCIAL SECURITY NUMBER- Bride/Applicant 2		
16a. MOST RECENT MARRIAGE ENDED BY <input type="checkbox"/> N/A <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment DATE MARRIAGE ENDED (Mo, Day, Yr.) _____ WHICH STATE _____			16a. MOST RECENT MARRIAGE ENDED BY <input type="checkbox"/> N/A <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment DATE MARRIAGE ENDED (Mo, Day, Yr.) _____ WHICH STATE _____		
17a. Is Groom/Applicant 1 of Hispanic or Latino Origin? YES <input type="checkbox"/> NO <input type="checkbox"/>		17b. Is Bride/Applicant 2 of Hispanic or Latino Origin? YES <input type="checkbox"/> NO <input type="checkbox"/>			
18. RACE ( Check one or more races to indicate what each person considers themselves)					
GROOM/APPLICANT 1			BRIDE/APPLICANT 2		
_____ White		_____ Black or African American		_____ American Indian or Alaska Native	
_____ Asian		_____ Native Hawaiian or Other Pacific Islander		_____ Refused	
19a. Groom/Applicant 1			20b. Bride/Applicant 2		
PHONE NUMBER _____			PHONE NUMBER _____		
EMAIL ADDRESS _____			EMAIL ADDRESS _____		
<b>County use only</b> Identification Type _____ Number: _____ Expires _____			<b>County use only</b> Identification Type _____ Number: _____ Expires _____		