

**MARYANNE MORSE
CLERK OF THE CIRCUIT COURT
SEMINOLE COUNTY, FLORIDA**

(Application Number)

APPLICATION FOR MARRIAGE LICENSE

Issue Date _____

Effective Date _____

Expiration Date _____

BEFORE MAKING APPLICATION, BE SURE THAT YOU HAVE THE FOLLOWING:

1. APPLICATION FEE (cash only – no checks). THE FEE IS NON-REFUNDABLE
\$93.50 (couples not taking the four-hour marriage preparation course)
\$61.00 (discounted for couples who complete a four-hour marriage preparation course)
2. IDENTIFICATION INDICATING DATE OF BIRTH
3. FINAL JUDGMENT OF DIVORCE (if divorced within 30 days, a copy of the Final Judgment is required)
4. A VALID CERTIFICATE OF COMPLETION OF A FOUR-HOUR MARRIAGE PREPARATION COURSE ISSUED BY THE COURSE PROVIDER

PLEASE READ CAREFULLY:

A marriage license, once COMPLETED and issued, is valid for 60 days from the issue date. If the applicants fail to marry during the sixty-day period, they must re-apply.

There is a three-day waiting period (from date of application) for couples who do not present a valid certificate of completion of a four-hour marriage preparation course. Exceptions to the waiting period are: non-Florida residents; persons suffering hardship. Blood tests are not required.

COMPLETE THE FOLLOWING PARTY INFORMATION (PLEASE PRINT):

	MALE	FEMALE
Name (First, Middle (full), Last)		
Bride's maiden surname (if different)		
Street Address		
City/Town		
County		
State		
Zip Code		
Date of Birth		
Birth Place (State or Foreign Country)		
Social Security Number		
Race		
Were you ever previously married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of this marriage		
Last marriage ended by:	<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment
Date (mm/dd/yy) last marriage ended		

We, the applicants named above, each for himself/herself, state that the foregoing information is correct to the best of his/her knowledge and belief.

Male Applicant's Signature

Female Applicant's Signature

Mailing address for copy of marriage license after marriage takes place (include zip code):

Daytime Telephone No. **Optional** (include area code) _____

