

ATTENTION

YOU MUST PERSONALLY CONTACT THE BOWLING GREEN SENTINEL TRIBUNE TO OMIT YOUR NAME FROM PUBLICATION. HOWEVER, THE TOLEDO BLADE PRINTS ALL NAMES.

Please verify the accuracy of all information. This application cannot be changed once it is submitted. If you have any questions, please ask.

Date of Application: _____ Marriage License: _____

1. Groom's Name: _____
Current Legal First & Last Name (Middle Name or Initial Optional)

2. Residence: _____
Street City County State Zip Code

3. Date of Birth: ____/____/____ Age: _____ Social Security #: _____

4. Home Phone: (____) _____ Birth Place: _____
City State

5. Address after Marriage: _____
Street City State Zip Code

6. Father's Name: _____ Is Your Father Deceased? Yes____ No____
Last First

7. Mother's Maiden Name: _____ Is Your Mother Deceased? Yes____ No____
Last First

8. Parent's Address(es): _____
Street City State Zip Code

9. Your Occupation: _____ Work Phone: (____) _____

10. Your Employer: _____

11. Have you been previously married? Yes____ No____ How many times? _____

12. Name of First Spouse: _____ Deceased () Divorced ()
First and Last Name at Time of Marriage

Names and Ages of Minor Children by this Marriage: _____

13. Name of Second Spouse: _____ Deceased () Divorced ()
First and Last Name at Time of Marriage

Names and Ages of Minor Children by this Marriage: _____

14. Name of Third Spouse: _____ Deceased () Divorced ()
First and Last Name at Time of Marriage

Names and Ages of Minor Children by this Marriage: _____

15. Name and Title of Person to Perform the Ceremony: _____

Date set for the Ceremony: _____