Appendix D: Sample Forms

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION

APPLICATION, LICENSE, AND RECORD OF MARRIAGE

LICENSE EFFECTIVE ON OR AFTER

COUNTRY

1. GROOM'S NAME
First
Middle
Last

2. BIRTHPLACE (State or Foreign County)

3. DATE OF BIRTH (Month, Day, Year)

4. AGE

5. SEX

6. OCCUPATION

7. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)

8a. FATHER'S NAME (First, Middle, Last)

8b. BIRTHPLACE (State or Foreign County)

9a. MOTHER'S NAME (First, Middle, Maiden Surname)

9b. BIRTHPLACE (State or Foreign County)

10. GROOM'S ADDRESS
Street and Number
City or Town
County
State
Zip

11. If affidavit is required as proof of age, the name and address of the affidavit:
Name:
Address:

12a. GROOM'S NAME
First
Middle
Last

12b. MARRIED SURNAME (if different)

12c. PREVIOUS NAME (if different)

13. BIRTHPLACE (State or Foreign County)

14. DATE OF BIRTH (Month, Day, Year)

15. AGE

16. SEX

17. OCCUPATION

18. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)

19a. FATHER'S NAME (First, Middle, Last)

19b. BIRTHPLACE (State or Foreign County)

20a. MOTHER'S NAME (First, Middle, Maiden Surname)

20b. BIRTHPLACE (State or Foreign County)

21. BRIDE'S ADDRESS
Street and Number
City or Town
County
State
Zip

22. If affidavit is required as proof of age, the name and address of the affidavit:
Name:
Address:

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

23. GROOM'S LEGAL SIGNATURE

24. BRIDE'S LEGAL SIGNATURE

25. LICENSE EXPIRES (Month, Day, Year)

26. DATE LICENSE ISSUED

27. SIGNATURE OF ISSUING OFFICIAL

28. TITLE OF ISSUING OFFICIAL

29. I CERTIFY THAT THE ABOVE-NAMED PERSONS WERE MARRIED ON: MONTH, DAY, YEAR

30. WHERE MARRIED: CITY, TOWN/Locaton

31a. SIGNATURE OF PERSON PERFORMING CEREMONY

31b. NAME (Type/Print)

31c. TITLE

32. WITNESS NAME AND FULL ADDRESS

33. WITNESS NAME AND FULL ADDRESS

34. SIGNATURE OF COUNTY CLERK OR DIRECTOR

35. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)

36. GROOM'S SOCIAL SECURITY NUMBER (specify S, none, unknown)
37. BRIDE'S SOCIAL SECURITY NUMBER (specify S, none, unknown)

REQUIRED STATUTORY INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

38a. NUMBER OF THIS MARRIAGE (Specify below)

38b. NUMBER OF THIS MARRIAGE (Specify below)

39a. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED (Specify below)

39b. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED (Specify below)

40a. RACE - OPTIONAL: American Indian, Black, White, etc. (Specify below)

40b. RACE - OPTIONAL: American Indian, Black, White, etc. (Specify below)

41a. EDUCATION (Specify below: Elementary, Secondary, College)
41b. EDUCATION (Specify below: Elementary, Secondary, College)

ORIGINIAL VITAL RECORDS COPY

THE AUTHORIZED PERSON PERFORMING THIS MARRIAGE IS REQUIRED TO RETURN THE ORIGINAL COPY OF THIS FORM TO THE COUNTY CLERK WITHIN TEN (10) DAYS FOLLOWING THE DATE OF THE MARRIAGE.

4947 (2009)