TYPE/PRINT IN PERMANENT BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS

State File Number

Local File Number APPLICATION, LICENSE, AND RECORD OF MARRIAGE

	1. GROOM'S NAME First 2. BIRTHPLACE (State or Foreign Country)			Middle 3. DATE OF BIRTH (Month, Day, Yea			Last 4. AGE			
						(enr)				
	5. SEX	6. OCCUF	PATION	L		7. PREVI	OUS MARITA	AL STATUS (Sing	le, Widowed, Divorced)	
	8a. FATHER'S NAME (First, Middle, Last)					8b. BIRT	8b. BIRTHPLACE (State or Foreign Country)			
	9a. MOTHER'S	9a. MOTHER'S NAME (First, Middle, Maiden Surname)					9b. BIRTHPLACE (State or Foreign Country)			
	In GROOM'S	ADDRESS	Street and Num	inber City or Town		c	County		Zip	
11. If affidavit is required as proof of age, the name and address of the affiant.										
Name: Address: 12a. BRIDE'S NAME First Middle							Last			
	12a. BRIDE ST	NAME FII	rst		Wildle	i				
	12b. MAIDEN SURNAME (If Different) 12c. PREVIOUS N						erent)	$\langle \cdot \rangle$		
	13. BIRTHPLA	CE (State or For	eign Country)	14, DA	TE OF BIRTH (Month, Day	Year)	15. A	OF A	A	
	16. SEX	17. OCCL	PATION	.L		J. P. P.	IOUS MARIT	TAL ST. US (Sir	Widowed, Divorced)	
	19a. FATHER'S	NAME (First)	Middle, Last)			196. BN	HPLACE (Su	or Foreign Coun	Iry)	
	20a. MOTHER	S NAME (First	t, Middle, Maiden Surna	ame)		20b. BIR	THI ACE (Su	nte or Foreign Coun	try)	
	21. BRIDE'S A	DDRESS	(Street and No	umber)	City or Town	c	ounty	State	Zip	
Name:										
	Name:			111	Address:					
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1	36. GROOM'S SOCIA	AL SECURITY NUMBER (specify #. no	ne, unknown) 37. BRIDE	37. BRIDE'S SOCIAL SECURITY NUMBER (specify #, none, unknown)								
	ORS 432 010 REQUIRED STATISTICAL INFORMATION: THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.											
1	38. NUMBER OF	39. IF PREVIOUSLY MARRIED, LA	ST MARRIAGE ENDED	40. RACE - OPTIONAL,	41. EDUCATION							
L	THIS MARRIAGE - First, Second, etc. (Specify below)	(Specify below) By Death, Divorce, Dissolution or Annulment (Specify below)	Date (Month, Day, Year)	American Indian, Black, White, etc. (Specify below)	Elementary/Secondary (0-12)	College (1-4 or 5+)						
GROOM	38a.	39a.	39b.	40a.	41a.							
BRIDE	38b.	39c.	39d.	406.	41b.							

ORIGINAL-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.