

WORK SHEET FOR PREPARATION OF MARRIAGE LICENSE FORM

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES – N.C. VITAL RECORDS

	LICENSE NUMBER	COUNTY				
APPLICANT 1	1a. NAME FIRST MIDDLE LAST	1b. LAST NAME AT BIRTH (If Different)	1c. GENDER (Optional)			
	2a. RESIDENCE--STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION	2d. INSIDE CITY LIMITS (Specify Yes or No)		
	2e. STREET AND NUMBER	3. BIRTHPLACE (COUNTY & STATE)	4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE		
	5a. PARENT'S NAME AT PARENT'S BIRTH	5b. STATE OF BIRTH	5c. ADDRESS (If Living)			
	6a. PARENT'S NAME AT PARENT'S BIRTH	6b. STATE OF BIRTH	6c. ADDRESS (If Living)			
	7. RACE (Optional)	8. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED			
			9a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)	9b. DATE MONTH YEAR	10. EDUCATION--SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)
APPLICANT 2	11a. NAME FIRST MIDDLE LAST	11b. LAST NAME AT BIRTH (If Different)	11c. GENDER (Optional)			
	12a. RESIDENCE--STATE	12b. COUNTY	12c. CITY, TOWN, OR LOCATION	12d. INSIDE CITY LIMITS (Specify Yes or No)		
	12e. STREET AND NUMBER	13. BIRTHPLACE (COUNTY & STATE)	14a. DATE OF BIRTH (Month, Day, Year)	14b. AGE		
	15a. PARENT'S NAME AT PARENT'S BIRTH	15b. STATE OF BIRTH	15c. ADDRESS (If Living)			
	16a. PARENT'S NAME AT PARENT'S BIRTH	16b. STATE OF BIRTH	16c. ADDRESS (If Living)			
	17. RACE (Optional)	18. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED			
			19a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)	19b. DATE MONTH YEAR	20. EDUCATION--SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)

