Town of Wheatland
Marriage License Application

**Please print clearly

Name: _____

Address: _____

_____

Birthname (if different from above): _____

Surname after marriage: _____

Social Security Number: _____

Phone number: (_____) _____ - _____

Birthday: _____ / _____ / _____

Age: _____

Occupation: _____

Type of Business: _____

Birthplace (Town and State): _____

Is this a 2nd or subsuquent cermony?   "Y" or "N"

Father's first and last name: _____

Was he born in the USA?   "Y" or "N"

Mother's first name and maiden name: _____

Was she born in the USA?   "Y" or "N"

How many times have you been married?   _____

If you have been previously married, are your former spouse(s) still alive?   "Y" or "N"

Address to mail Certificate of Marriage Registration to: _____

_____

_____