

Marriage Applicant Questionnaire

First Name _____ Middle Name _____

Last Name _____ Suffix (Jr./Sr./III) _____

Gender (Male or Female) _____

Maiden Name (if applicable) _____

Social Security # _____

Phone Number _____

Date of Birth (MM/DD/YYYY) _____ Current Age _____

Birthplace (State or Foreign Country) _____

Residence Address: Street Address _____
City, State, Zip _____

Marital Status (single/divorced/widowed) _____

Number of this Marriage _____

Date of Divorce or Date Spouse Died, if applicable (dd/mm/yyyy) _____

Hispanic Origin (Check One)

No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican Yes, Cuban
 Yes, Other Spanish/Hispanic/Latino- Specify _____

Race (Check all That Apply)

White Other Asian - Specify _____
 Black or African American American Indian or Alaska Native – Principal Tribe _____
 Native Hawaiian Guamanian or Chamorro
 Asian Indian Samoan
 Chinese Other Pacific Islander – Specify _____
 Filipino Japanese
 Korean Vietnamese
 Other _____ Unknown

Father's First Name _____ Middle Name _____

Father's Last Name _____

Father's Birthplace (State or Foreign Country) _____

Mother's First Name _____ Middle Name _____

Mothers Last Name _____ Mother's Maiden Name _____

Mother's Birthplace (State or Foreign Country) _____