

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics

County	_____
License No.	_____
Date of Application	_____
Valid Date of License	_____

APPLICATION TO MARRY IN IOWA

Type or print legibly in black ink. Do not use all capital letters.

PARTY A – INFORMATION *(To be completed by the first applicant)* (Optional) Bride Groom Spouse

LEGAL NAME BEFORE MARRIAGE _____
(First) (Middle) (Current Last) (Last name prior to any marriage)

LEGAL NAME AFTER MARRIAGE _____
(First) (Middle) (Last)

CURRENT RESIDENCE ADDRESS AT TIME OF APPLICATION

(State) (County) (City, Town or Location) GENDER _____
(Optional)

DATE OF BIRTH _____ BIRTH PLACE _____
(Month, Day, Year) (State or Foreign Country of Birth)

PARENTS _____
(Father's Current Full Name) (Mother's Full Name Prior to Any Marriage)

PARTY B – INFORMATION *(To be completed by the second applicant)* (Optional) Bride Groom Spouse

LEGAL NAME BEFORE MARRIAGE _____
(First) (Middle) (Current last) (Last name prior to any marriage)

LEGAL NAME AFTER MARRIAGE _____
(First) (Middle) (Last)

CURRENT RESIDENCE ADDRESS AT TIME OF APPLICATION

(State) (County) (City, Town or Location) GENDER _____
(Optional)

DATE OF BIRTH _____ BIRTH PLACE _____
(Month, Day, Year) (State or Foreign Country of Birth)

PARENTS _____
(Father's Current Full Name) (Mother's Full Name Prior to Any Marriage)

SIGNATURE NOTARIZATIONS *(Show valid identification and sign in front of a Notary Public)*

PARTY A SIGNATURE (current legal name)

State of _____, County of _____ ss

Signed and affirmed in my presence _____
Write name exactly as it appears on photo I.D.

Notary Public's Signature **Date Signed**

Notary Address & Expiration

SEAL/STAMP

PARTY B SIGNATURE (current legal name)

State of _____, County of _____ ss

Signed and affirmed in my presence _____
Write name exactly as it appears on photo I.D.

Notary Public's Signature **Date Signed**

Notary Address & Expiration

SEAL/STAMP

*** CONFIDENTIAL INFORMATION REQUIRED BY LAW – NOT FOR PUBLIC VIEWING ***

PARTY A – SOCIAL SECURITY NUMBER _____ PARTY B – SOCIAL SECURITY NUMBER _____