

# AFFIDAVIT FOR LICENSE TO MARRY

STATE OF MICHIGAN

No. \_\_\_\_\_

County of IONIA

The Undersigned, being duly sworn, depose(s) and say(s) that:

**MALE**

**FEMALE**

_____ and _____		
FULL NAME OF MALE (First, Middle, Last)		
FULL NAME OF FEMALE (First, Middle, Last)		
_____		
LAST NAME BEFORE FIRST MARRIED, IF DIFFERENT		
_____	_____	
PRESENT AGE	DATE OF BIRTH	
_____	_____	
PRESENT AGE	DATE OF BIRTH	
_____	_____	
RESIDENCE NO.	STREET	
_____	_____	
RESIDENCE NO.	STREET	
_____	_____	
CITY	STATE	ZIP CODE
_____	_____	_____
CITY	STATE	ZIP CODE
_____	_____	_____
RESIDENCE COUNTY	TIMES PREVIOUSLY MARRIED	
_____	_____	
RESIDENCE COUNTY	TIMES PREVIOUSLY MARRIED	
_____	_____	
BIRTHPLACE - CITY AND STATE		
_____		
BIRTHPLACE - CITY AND STATE		
_____		
FATHER'S FULL NAME		
_____		
FATHER'S FULL NAME		
_____		
MOTHER'S FULL NAME BEFORE 1ST MARRIED		
_____		
MOTHER'S FULL NAME BEFORE 1ST MARRIED		
_____		
FATHER'S BIRTHPLACE	MOTHER'S BIRTHPLACE	
_____	_____	
FATHER'S BIRTHPLACE	MOTHER'S BIRTHPLACE	
_____	_____	

intend to marry and that this affidavit is made for the purpose of obtaining a marriage license; that each of the above-named persons is of the age required by law, is not related to the other within the degree prohibited by statute and is of sufficient mental capacity to contract marriage; that said persons are acquainted with the laws of the State of Michigan relative to marriage as summarized on the back of this blank; that there is no legal impediment to said marriage; and that to the best knowledge and belief of the undersigned all of the foregoing statements are true.

Educational materials regarding prenatal care and the transmission and prevention of venereal disease and HIV infection as well as information on the availability of tests for these diseases have been received.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Subscribed to before me;  County Clerk;  a Notary Public of \_\_\_\_\_ County,  
acting in \_\_\_\_\_ County, and whose commission expires on \_\_\_\_\_, 20 \_\_\_\_;  
or  other person authorized to administer oaths, and sworn to on \_\_\_\_\_, 20 \_\_\_\_.

Signature \_\_\_\_\_