

**IN THE COUNTY COURT OF THE NINTH JUDICIAL CIRCUIT OF FLORIDA - ORANGE COUNTY, FLORIDA**

**SECTION A: GROOM'S INFORMATION**

LIST JR., SR., II OR III IF APPLICABLE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

CITY OF RESIDENCE: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

STATE OF RESIDENCE: \_\_\_\_\_

STATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

RACE: \_\_\_\_\_

U.S. CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO

SOCIAL SECURITY #: \_\_\_\_\_  
Or Alien Registration Number

HAVE YOU EVER BEEN MARRIED? YES  NO

IF MARRIED BEFORE, HOW MANY TIMES? \_\_\_\_\_

LAST MARRIAGE ENDED BY: DIVORCE  ANNULMENT  DEATH

DATE LAST MARRIAGE ENDED: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

**SECTION B: BRIDE'S INFORMATION**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

CITY OF RESIDENCE: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

STATE OF RESIDENCE: \_\_\_\_\_

STATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

RACE: \_\_\_\_\_

U.S. CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO

SOCIAL SECURITY #: \_\_\_\_\_  
Or Alien Registration Number

HAVE YOU EVER BEEN MARRIED? YES  NO

IF MARRIED BEFORE, HOW MANY TIMES? \_\_\_\_\_

LAST MARRIAGE ENDED BY: DIVORCE  ANNULMENT  DEATH

DATE LAST MARRIAGE ENDED: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

**SECTION C: STATEMENT**

We, \_\_\_\_\_ & \_\_\_\_\_ attest that we separately or  
GROOM'S NAME BRIDE'S NAME

together have  or have not  obtained and read or otherwise accessed the information contained in the handbook or other electronic media presentation of rights and responsibilities of parties to a marriage specified in Florida Statute 741.0306.

We separately or together have  or have not  completed a premarital preparation course.

\_\_\_\_\_  
GROOM'S SIGNATURE DATE

\_\_\_\_\_  
BRIDE'S SIGNATURE DATE

**SECTION D: ADDRESS TO MAIL YOUR CERTIFIED COPY OF THE MARRIAGE LICENSE**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
AREA CODE & PHONE NUMBER

**NO REFUNDS  
NO PERSONAL CHECKS ACCEPTED**

