

Marriage Information Sheet

1. Please answer all the questions on the form.
2. Present the completed form with a current, valid government issued picture ID.
3. Have your payment ready. Cash or credit card only. The fee is \$75.00 or \$15.00 if an original, unexpired Twogether in Texas certificate is shown at the time the license is issued. \$100 Out-of-State Applicant fee will be assessed if neither applicant can prove Texas residency.

Name of Applicant 1: _____		Last Name at Birth: _____	
		If Different	
Social Security Number: _____ - _____ - _____		Email Address: _____	
(SS# Required if born in the U.S)			
Place of Birth: _____			
City	County (Optional)	State	
Have you been married before?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes -- check one:	Divorced	<input type="checkbox"/>	Widowed <input type="checkbox"/>
If divorced, please list the approx. date the divorce was final: _____ Where? _____			
Is the other applicant presently married?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you presently delinquent in court-ordered child support payments	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the other applicant related to you by blood or adoption?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Contribute \$5 to promote healthy early childhood (TX Home Visitation Program)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Name of Applicant 2: _____		Last Name at Birth: _____	
		If Different	
Social Security Number: _____ - _____ - _____		Email Address: _____	
(SS# Required if born in the U.S)			
Place of Birth: _____			
City	County (Optional)	State	
Have you been married before?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes -- check one:	Divorced	<input type="checkbox"/>	Widowed <input type="checkbox"/>
If divorced, please list the approx. date the divorce was final: _____ Where? _____			
Is the other applicant presently married?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you presently delinquent in court-ordered child support payments	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the other applicant related to you by blood or adoption?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Contribute \$5 to promote healthy early childhood (TX Home Visitation Program)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Current Mailing Address: _____

Street Address Apt. Number City State Zip Code

(_____) - _____ - _____

Telephone Number for **Applicant 1**

(_____) - _____ - _____

Telephone Number for **Applicant 2**