

# 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 Together 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**