

**Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller**

Marriage License Information Sheet

Please Print Legibly

Spouse 1 Information			
Full Legal Name (First, Middle, Last, Suffix – If Applicable)		Maiden Surname (If Different)	
Current Address (Including City)			
County	State	Residence Country	Zip Code
Date of Birth (MM/DD/YYYY)	Daytime Phone Number (Including Area Code)	Birthplace (State/Foreign Country)	
Social Security Number <input type="checkbox"/> No Social Security Number	Race (Black, White, Asian, Hispanic, American Indian, Other)	Previously Married <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of This Marriage	Last Marriage Ended In <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Date Ended (MM/DD/YYYY)	
Spouse 2 Information			
Full Legal Name (First, Middle, Last, Suffix – If Applicable)		Maiden Surname (If Different)	
Current Address (Including City)			
County	State	Residence Country	Zip Code
Date of Birth (MM/DD/YYYY)	Daytime Phone Number (Including Area Code)	Birthplace (State/Foreign Country)	
Social Security Number <input type="checkbox"/> No Social Security Number	Race (Black, White, Asian, Hispanic, American Indian, Other)	Previously Married <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of This Marriage	Last Marriage Ended In <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Date Ended (MM/DD/YYYY)	
<p>Do the applicants have children TOGETHER and BORN in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

I hereby acknowledge the above information is true and correct.

Signature Spouse 1

Date

Signature Spouse 2

Date