



*Office of Paula S. O'Neil  
Clerk & Comptroller  
Pasco County, Florida*

## Marriage License Information Sheet

**Please Print Legibly**

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

**I hereby acknowledge the above information is true and correct.**

\_\_\_\_\_  
Signature Spouse 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Spouse 2

\_\_\_\_\_  
Date