

**COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
MARRIAGE RECORD**

STATE FILE NO. _____

TYPE/PRINT IN PERMANENT BLACK INK

| | | | |
|----------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------|
| 1. COUNTY ISSUING LICENSE | 2a. WHERE MARRIED - CITY, BORO, TOWNSHIP | 2b. COUNTY | 3. DATE OF MARRIAGE (Month, Day, Year) |
| 4a. NAME OF PERSON PERFORMING CEREMONY | 4b. TITLE | 4c. ADDRESS OF PERSON PERFORMING CEREMONY (Street, City or Town, State, Zip Code) | |

| MALE | | | | FEMALE | | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|--------------------------------------|
| 5a. NAME (First, Middle, Last) | | | | 5b. NAME (First, Middle, Last) | | | 5c. MAIDEN SURNAME (if different) |
| 6a. RESIDENCE - City, Boro, Township | | 6b. COUNTY | 6c. STATE | 6d. RESIDENCE - City, Boro, Township | | 6e. COUNTY | 6f. STATE |
| 7a. BIRTHPLACE (State or Foreign Country) | | 7b. DATE OF BIRTH (Month, Day, Year) | 7c. AGE LAST BIRTHDAY | 7d. BIRTHPLACE (State or Foreign Country) | | 7e. DATE OF BIRTH (Month, Day, Year) | 7f. AGE LAST BIRTHDAY |
| 8a. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify) | IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED | | | 8d. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify) | IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED | | |
| | 8b. By death, divorce, annulment (Specify) | | 8c. DATE (Month, Day, Year) | | 8e. By death, divorce, annulment (Specify) | | 8f. DATE (Month, Day, Year) |
| 9a. TRANSMISSIBLE DISEASE? <input type="checkbox"/> NO <input type="checkbox"/> YES | 9b. EDUCATION (Specify only highest grade completed) | | | 9c. TRANSMISSIBLE DISEASE? <input type="checkbox"/> NO <input type="checkbox"/> YES | 9d. EDUCATION (Specify only highest grade completed) | | |
| | Elementary/Secondary (0-12) | | College (1-4 or 5+) | | Elementary/Secondary (0-12) | | College (1-4 or 5+) |
| 10a. USUAL OCCUPATION | | | | 10b. USUAL OCCUPATION | | | |
| 11a. FATHER'S NAME (First, Middle, Last) | | 11b. BIRTHPLACE (State or Foreign Country) | | 11c. FATHER'S NAME (First, Middle, Last) | | 11d. BIRTHPLACE (State or Foreign Country) | |
| 12a. MOTHER'S NAME (First, Middle, Last) | | | | 12b. MOTHER'S NAME (First, Middle, Last) | | | |
| 12c. MAIDEN SURNAME | | 12d. BIRTHPLACE (State or Foreign Country) | | 12e. MAIDEN SURNAME | | 12f. BIRTHPLACE (State or Foreign Country) | |
| 13a. FATHER'S RESIDENCE | | | | 13b. FATHER'S RESIDENCE | | | |
| 14a. FATHER'S USUAL OCCUPATION | | | | 14b. FATHER'S USUAL OCCUPATION | | | |
| 15a. MOTHER'S RESIDENCE | | | | 15b. MOTHER'S RESIDENCE | | | |
| 16a. MOTHER'S USUAL OCCUPATION | | | | 16b. MOTHER'S USUAL OCCUPATION | | | |

| | | |
|-----------------------------------------------|--------------------------------------------------------|-------------------------------------------|
| 17. DATE LICENSE ISSUED (Month, Day, Year) | 18. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year) | 19. SIGNATURE AND TITLE OF LOCAL OFFICIAL |
|-----------------------------------------------|--------------------------------------------------------|-------------------------------------------|

We verify that the statements made in the foregoing application are true and correct to the best of our knowledge, information and belief. The undersigned understands that the statements made therein are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Signature of Male Applicant

Signature of Female Applicant

Sworn and subscribed to before me this _____ day of _____ A.D. _____

(Clerk of Orphans' Court) (Seal)

Initials: _____

DOM: _____

Phone #: _____

Volume _____ Page _____

Consent to the Marriage of a Child or Ward

I, _____ residing at

_____ do hereby certify

that I am the _____ of _____
residing at _____

_____ who is now
_____ years of age. That I have been informed of the intended
marriage of my said _____ to _____
_____ and hereby consent to said marriage.

I am the custodial parent or guardian of the named child.

Given before me, this _____ day of
_____ A.D. 20 _____ } (SEAL)

(Clerk of Orphans' Court)
or (Justice of Peace)

I, _____ residing at

_____ do hereby certify

that I am the _____ of _____
residing at _____

_____ who is now
_____ years of age. That I have been informed of the intended
marriage of my said _____ to _____
_____ and hereby consent to said marriage.

I am the custodial parent or guardian of the named child.

Given before me, this _____ day of
_____ A.D. 20 _____ } (SEAL)

(Clerk of Orphans' Court)
or (Justice of Peace)