

STATE OF COLORADO APPLICATION FOR MARRIAGE LICENSE

County of Las Animas

PARTY ONE:

Legal Name: _____
First Middle Name Last Suffix Previous Married Name

Address: _____
Number/Street City State/ Zip

Birth Date: ____/____/____ Sex: Last name at birth if different (opt): _____

Last 4 digits of Social Security Number: _____ City & State of Birth: _____

Parent/Legal Guardian: _____ City & State: _____
First Middle Name Last Current residence. If deceased, last known residence.

Parent/Legal Guardian: _____ City & State: _____
First Middle Name Last Current residence. If deceased, last known residence.

Present Marital/Union Status:

If Divorced/Dissolved/Declared Invalid or Widowed

Date: ____/____/____ City & State: _____ Type of Court: _____

If previously in a civil union, name of former partner: _____

Proof of Age: _____

PARTY TWO:

Legal Name: _____
First Middle Name Last Suffix Previous Married Name

Address: _____
Number/Street City State/ Zip

Birth Date: ____/____/____ Sex: Last name at birth if different (opt): _____

Last 4 digits of Social Security Number: _____ City & State of Birth: _____

Parent/Legal Guardian: _____ City & State: _____
First Middle Name Last Current residence. If deceased, last known residence.

Parent/Legal Guardian: _____ City & State: _____
First Middle Name Last Current residence. If deceased, last known residence.

Present Marital/Union Status:

If Divorced/Dissolved/Declared Invalid or Widowed

Date: ____/____/____ City & State: _____ Type of Court: _____

If previously in a civil union, name of former partner: _____

Proof of Age: _____

Are the applicants related by blood? _____ How? _____

Married status: _____

OATH: We the undersigned hereby make application for a license to unite in marriage and under oath we state that the information given is true and correct to the best of our knowledge, that neither applicant is under legal guardianship, or have provided written consent or judicial order, and believe that there exists no reason why we should not be married.

PARTY ONE Signature: _____ **PARTY TWO Signature:** _____

Subscribed and affirmed, or sworn to, before me this: ____ day of _____, _____ at _____ m

County Clerk and Recorder By: _____ Deputy County Clerk

Type of Ceremony: _____ **Date of Ceremony:** _____

Return Mail Address: _____ Recording Info _____