

Your marriage record is vital.  
Be sure the information you give is complete and accurate.

# MARRIAGE LICENSE APPLICATION

TO BE FILLED OUT BY COUPLE MAKING APPLICATION

STATE OF HAWAII • DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

**PLEASE PRINT – USE BLACK INK**

(Please read instructions on reverse side of this form)

LICENSE NO. \_\_\_\_\_

<b>GROOM (MALE)</b>  Zip Code _____  Home Ph.# _____  Office Ph.# _____	1a. FIRST NAME OF GROOM			b. MIDDLE NAME			c. LAST NAME			2. DATE OF BIRTH (Month, Day, Year)					
	3. USUAL RESIDENCE: a. STREET ADDRESS <b>AND</b> CITY OR TOWN						b. COUNTY			c. STATE OR FOREIGN COUNTRY			4. PLACE OF BIRTH: *City & State or Country		
	5. FATHER: a. FULL NAME - FIRST, MIDDLE, LAST						b. STATE OR FOREIGN COUNTRY OF BIRTH*						c. Living?* Yes or No		
	6. MOTHER: a. FULL NAME - FIRST, MIDDLE, MAIDEN NAME						b. STATE OR FOREIGN COUNTRY OF BIRTH*						c. Living?* Yes or No		

<b>BRIDE (FEMALE)</b>  Zip Code _____  Home Ph.# _____  Office Ph.# _____	7a. FIRST NAME OF BRIDE			b. MIDDLE NAME			c. LAST NAME			8. DATE OF BIRTH (Month, Day, Year)					
	9. USUAL RESIDENCE: a. STREET ADDRESS <b>AND</b> CITY OR TOWN						b. COUNTY			c. STATE OR FOREIGN COUNTRY			10. PLACE OF BIRTH: *City & State or Country		
	11. FATHER: a. FULL NAME - FIRST, MIDDLE, LAST						b. STATE OR FOREIGN COUNTRY OF BIRTH*						c. Living?* Yes or No		
	12. MOTHER: a. FULL NAME - FIRST, MIDDLE, MAIDEN NAME						b. STATE OR FOREIGN COUNTRY OF BIRTH*						c. Living?* Yes or No		

Blood relationship of groom to bride:	On what island do you plan to be married? (Oahu, Hawai'i, Maui, Kaua'i, Lana'i or Moloka'i)	When do you plan to be married ?	Name of Marriage Performer (Commissioned by the State of Hawai'i)
FORWARDING ADDRESS: (After Marriage)			DO YOU WANT YOUR NAMES PUBLISHED IN THE NEWSPAPER? <input type="checkbox"/> YES <input type="checkbox"/> NO

**CONFIDENTIAL INFORMATION – PLEASE COMPLETE**

SUPPLEMENTARY DATA	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED.			RACE*	OCCUPATION*	EDUCATION* - Specify Highest Grade Completed	
		BY DEATH, DIVORCE, DISSOLUTION OR ANNULMENT (specify)	DATE ENDED MONTH / YEAR	PLACE ENDED (COUNTY & STATE OR COUNTRY)			Elem. Or Secondary (0-12)	College (1 – 5+)
GROOM (MALE)	25.	26a.	26b.	26c.	27.	28.	29.	
BRIDE (FEMALE)	30.	31a.	31b.	31c.	32.	33.	34.	

FOR OFFICE USE ONLY			
<b>GROOM:</b> SIGHTED: _____ #: _____ NAME ✓? Yes No DOB ✓? Yes No AGE: _____ Sex: M F Previous Marriage(s): _____ _____ _____	<b>BRIDE:</b> _____ _____ Yes No Yes No _____ M F _____ _____		

CERTIFICATION – SIGN BEFORE MARRIAGE AGENT	
We, the undersigned, certify that the information given in this application is true and correct to the best of our knowledge and belief. Written consent of court is attached, if under jurisdiction of court or under age 16.	
_____ FULL SIGNATURE OF PROSPECTIVE GROOM (MALE)	
_____ FULL SIGNATURE OF PROSPECTIVE BRIDE (FEMALE)	
Sworn and subscribed to before me this _____ day of _____, 20____	
_____ MARRIAGE LICENSE AGENT	_____ JUDICIAL DISTRICT, STATE OF HAWAII