

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

# MARRIAGE LICENSE APPLICATION

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

**PLEASE PRINT – USE BLACK INK**

TO BE FILLED OUT BY COUPLE MAKING APPLICATION

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

<b>GROOM (MALE)</b>  Zip Code _____	1a. FIRST NAME OF GROOM			b. MIDDLE NAME		c. LAST NAME		1d. SOCIAL SECURITY NO.	2. DATE OF BIRTH (Month, Day, Year)	
	3. USUAL RESIDENCE: a. STREET ADDRESS			CITY	b. COUNTY		c. STATE OR FOREIGN COUNTRY		4. PLACE OF BIRTH: *City & State/Country	
	5. FATHER: a. FULL NAME – FIRST, MIDDLE, LAST						b. STATE OR FOREIGN COUNTRY OF BIRTH*		c. Living?* Yes, No, Refused, or Unknown	
	6. MOTHER: a. FULL NAME – FIRST, MIDDLE, MAIDEN NAME						b. STATE OR FOREIGN COUNTRY OF BIRTH*		c. Living?* Yes, No, Refused, or Unknown	
<b>BRIDE (FEMALE)</b>  Zip Code _____	7a. FIRST NAME OF BRIDE			b. MIDDLE NAME		c. LAST NAME		7d. SOCIAL SECURITY NO.	8. DATE OF BIRTH (Month, Day, Year)	
	9. USUAL RESIDENCE: a. STREET ADDRESS			CITY	b. COUNTY		c. STATE OR FOREIGN COUNTRY		10. PLACE OF BIRTH: *City & State/Country	
	11. FATHER: a. FULL NAME – FIRST, MIDDLE, LAST						b. STATE OR FOREIGN COUNTRY OF BIRTH*		c. Living?* Yes, No, Refused, or Unknown	
	12. MOTHER: a. FULL NAME – FIRST, MIDDLE, MAIDEN NAME						b. STATE OR FOREIGN COUNTRY OF BIRTH*		c. Living?* Yes, No, Refused, or Unknown	
Blood relationship of groom to bride:		In what county do you plan to be married? (Honolulu, Hawai'i Maui, or Kaua'i County)			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 <input type="checkbox"/> YES <input type="checkbox"/> NO PRINTED OR POSTED ELECTRONICALLY IN THE NEWSPAPER?			
E-MAIL ADDRESS:					HOME/CELL PHONE NUMBER:		WORK PHONE NUMBER:			
GROOM DECLARED MIDDLE NAME(S) AFTER MARRIAGE (If there is no middle name, enter a dash)					BRIDE DECLARED MIDDLE NAME(S) AFTER MARRIAGE (If there is no middle name, enter a dash)					
GROOM DECLARED LAST NAME AFTER MARRIAGE					BRIDE DECLARED LAST NAME AFTER MARRIAGE					

**CONFIDENTIAL INFORMATION – PLEASE COMPLETE**

SUPPLEMENTARY DATA	NO. OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED.			RACE*	OCCUPATION*	EDUCATION* - Specify Highest Grade Completed	SEX
		BY DEATH, DIVORCE, DISSOLUTION, ANNULMENT (specify)	DATE ENDED MONTH YEAR	PLACE ENDED (COUNTY & STATE)				
GROOM	21.	22a.	22b.	22c.	23.	24.	25.	26.
BRIDE	27.	28a.	28b.	28c.	29.	30.	31.	32.

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

CERTIFICATION - SIGN BEFORE MARRIAGE AGENT	
We, the undersigned, certify that the information given in this application is true and correct to be best of our knowledge and belief.	
_____ 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