

**MARYANNE MORSE
CLERK OF THE CIRCUIT COURT
SEMINOLE COUNTY, FLORIDA**

(Application Number)

APPLICATION FOR MARRIAGE LICENSE

Issue Date _____

Effective Date _____

Expiration Date _____

BEFORE MAKING APPLICATION, BE SURE THAT YOU HAVE THE FOLLOWING:

1. APPLICATION FEE (cash only – no checks). THE FEE IS NON-REFUNDABLE
\$93.50 (Non-Florida residents and, couples not taking the four-hour marriage preparation course)
\$61.00 (discounted for couples who complete a four-hour marriage preparation course)
2. IDENTIFICATION INDICATING DATE OF BIRTH
3. FINAL JUDGMENT OF DIVORCE (if divorced within 30 days, a copy of the Final Judgment is required)
4. A VALID CERTIFICATE OF COMPLETION OF A FOUR-HOUR MARRIAGE PREPARATION COURSE ISSUED BY THE COURSE PROVIDER

PLEASE READ CAREFULLY:

A marriage license, once COMPLETED and issued, is valid for 60 days from the issue date. If the applicants fail to marry during the sixty-day period, they must re-apply.

There is a three-day waiting period (from date of application) for couples who do not present a valid certificate of completion of a four-hour marriage preparation course. Exceptions to the waiting period are: non-Florida residents; persons suffering hardship. Blood tests are not required.

COMPLETE THE FOLLOWING PARTY INFORMATION (PLEASE PRINT):

	MALE	FEMALE
Name (First, Middle (full), Last)		
Bride's maiden surname (if different)		
Street Address		
City/Town		
County		
State		
Zip Code		
Date of Birth		
Birth Place (State or Foreign Country)		
Social Security Number		
Race		
Were you ever previously married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of this marriage		
Last marriage ended by:	<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment
Date (mm/dd/yy) last marriage ended		

We, the applicants named above, each for himself/herself, state that the foregoing information is correct to the best of his/her knowledge and belief.

Male Applicant's Signature

Female Applicant's Signature

Mailing address for copy of marriage license after marriage takes place (include zip code):

Daytime Telephone No. **Optional** (include area code) _____

PREMARITAL STATEMENT

STATE OF FLORIDA
COUNTY OF SEMINOLE

COMES NOW _____ and _____
Groom (print full name) Bride (print full name)

and hereby attest as follows:

1. That we have (separately _____ together _____ have _____ have not _____) completed a premarital preparation course.
2. That we have obtained and read or otherwise accessed the information contained in the handbook or other electronic media presentation of the rights and responsibilities of parties to a marriage specified in Section 741.0306, Florida Statutes.
3. We hereby request that the three-day waiting period be waived based on the following:
 - Non-Florida residents;
 - Hardship

Dated: _____.

(Groom's signature)

(Bride's signature)

Sworn to and subscribed before me this _____ day of _____, _____.

(Signature of Deputy Clerk)

(Print or type Deputy Clerk)