

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics and Vital Records

County _____
License No. _____
Date of Application _____
Valid Date of License _____

APPLICATION FOR LICENSE TO MARRY IN IOWA

Type or print legibly in black or dark blue ink. Do not use all capital letters.

PARTY A

PARTY A (Information to be completed by the first applicant)

Check One (Optional) Bride Groom Spouse

FULL LEGAL NAME BEFORE MARRIAGE (Include any generational suffix after last name)

First	Middle (If any)	Current Last (Surname)	Last Name Prior to ANY Marriage
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FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE (Include any generational suffix after last name)

First Name After Marriage	Middle Name (If any) After Marriage	Last Name (Surname) After Marriage
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CURRENT RESIDENCE

State

County

City

STATE OF BIRTH (If not U.S., name of foreign country)

DATE OF BIRTH (Month, Day, Year)

GENDER (Optional)

FATHER'S FULL NAME (As listed on applicant's birth certificate)

MOTHER'S FULL MAIDEN NAME (Prior to ANY marriage)

PARTY B

PARTY B (Information to be completed by the second applicant)

Check One (Optional) Bride Groom Spouse

FULL LEGAL NAME BEFORE MARRIAGE (Include any generational suffix after last name)

First	Middle (If any)	Current Last (Surname)	Last Name Prior to ANY Marriage
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FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE (Include any generational suffix after last name)

First Name After Marriage	Middle Name (If any) After Marriage	Last Name (Surname) After Marriage
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CURRENT RESIDENCE

State

County

City

STATE OF BIRTH (If not U.S., name of foreign country)

DATE OF BIRTH (Month, Day, Year)

GENDER (Optional)

FATHER'S FULL NAME (As listed on applicant's birth certificate)

MOTHER'S FULL MAIDEN NAME (Prior to ANY marriage)

SIGNATURE NOTARY AFFIRMATION (Each party must sign and date this form in the presence of an authorized Notary Public. Each party must show valid U.S. government-issued identification when signing. The Notary Public completes and signs below.)

PARTY A: I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

PARTY B: I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

NOTARY PUBLIC

PARTY A SIGNATURE

Date Signed

PARTY B SIGNATURE

Date Signed

State of _____ County of _____ ss

State of _____ County of _____ ss

Signed and affirmed by _____
Write name exactly as appears on I.D.

Signed and affirmed by _____
Write name exactly as appears on I.D.

Notary Public's Signature for Party A **Date Signed**

Notary Public's Signature for Party B **Date Signed**

Notary Address & Expiration

Notary Address & Expiration

NOTARY SEAL

NOTARY SEAL

