

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau Health of 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 <i>(Information to be completed by the first applicant)</i>			Check One (Optional) <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse	
	FULL LEGAL NAME CHANGE BEFORE MARRIAGE <i>(Include any generational suffix after last name)</i>				
	1a	First	Middle (If any)	Current Last (Surname)	
				Last Name Prior to ANY Marriage	
	1b				
FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE <i>(Include any generational suffix after last name)</i>					
1c					
2a		2b		2c	
CURRENT PLACE OF RESIDENCE		State	City	County	
3		4a		4b	
STATE OF BIRTH <i>(If not United States, name of foreign country)</i>		DATE OF BIRTH <i>(Month, Day, Year)</i>		GENDER <i>(Optional)</i>	
5			6		
PARTY A'S PARENT <i>Optional Check One</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent Parent's Name Prior to any Marriage			PARTY A'S PARENT <i>Optional Check One</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent Parent's Name Prior to any Marriage		

PARTY B	PARTY B <i>(Information to be completed by the second applicant)</i>			Check One (Optional) <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse	
	FULL LEGAL NAME CHANGE BEFORE MARRIAGE <i>(Include any generational suffix after last name)</i>				
	7a	First	Middle (If any)	Current Last (Surname)	
				Last Name Prior to ANY Marriage	
	7b				
FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE <i>(Include any generational suffix after last name)</i>					
7c					
8a		8b		8c	
CURRENT PLACE OF RESIDENCE		State	City	County	
9		10a		10b	
STATE OF BIRTH <i>(If not United States, name of foreign country)</i>		DATE OF BIRTH <i>(Month, Day, Year)</i>		GENDER <i>(Optional)</i>	
11			12		
PARTY B'S PARENT <i>Optional Check One</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent Parent's Name Prior to any Marriage			PARTY B'S PARENT <i>Optional Check One</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent Parent's Name Prior to any Marriage		

* - - * represents data that was not collected or was unavailable at the time the marriage was reported

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
	State of _____ County of _____ ss		
	Signed and affirmed by _____ Write name exactly as appears on I.D.		
	Notary Public's Signature for Party A		Date Signed
Notary Address & Expiration _____			

NOTARY PUBLIC	PARTY B SIGNATURE		Date Signed
	State of _____ County of _____ ss		
	Signed and affirmed by _____ Write name exactly as appears on I.D.		
	Notary Public's Signature for Party B		Date Signed
Notary Address & Expiration _____			

NOTARY
SEAL

NOTARY
SEAL

**AFFIDAVIT OF COMPETENT AND DISINTERESTED PERSON
as to age and qualification of the contracting parties**

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

I, the below noted disinterested person, affirm that I am acquainted with _____,
who is _____ years of age; and that I am acquainted with _____,
who is _____ years of age.

I affirm that I am a lawfully competent and disinterested person and impartial to the result of this pending transaction. I further affirm that both parties are unmarried and able to enter into a civil contract, that there is no legal disability to the marriage of said parties, and that their marriage is to be solemnized in a ceremony performed by an authorized officiant within the State of Iowa.

NOTARY PUBLIC SIGNATURE TO AFFIDAVIT OF DISINTERESTED PERSON

Notary Public cannot serve as disinterested person.

I affirm that the information I provided above is true and accurate to the best of my knowledge.

NOTARY
PUBLIC'S
SEAL

Disinterested Person Signature Date Signed

State of _____ County of _____ ss

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

Notary Public's Signature Date Signed

Notary Address & Expiration

NOTICE TO APPLICANTS: PLEASE READ CAREFULLY!

- Applicants aged 16 or 17 years old must also present a completed Consent to Marriage form for approval to a judge of the district court in the county from which the marriage license is to be obtained. Age 15 and under may NOT marry in Iowa.
- Pursuant to Iowa Code section 595.3A, the laws of this state affirm a party's right to enter into this marriage and at the same time to live within the marriage under the full protection of the laws of this state with regard to violence and abuse. Neither party to the marriage is the property of the other. Assault, sexual abuse, and willful injury of a spouse or other family member are violations of the laws of this state and are punishable by the state.
- Applicants' social security numbers are collected pursuant to Iowa Code section 595.4 and 42 USC 405(c)(2), as amended by Section 1090(b) of Public Law 105-34. The law authorizes the Internal Revenue Service (IRS) to use social security numbers for determining Earned Income Tax Credit compliance on income tax returns and to authorize the State Registrar to report the social security number to the Child Support Recovery Unit.
- *The \$35.00 fee must accompany this application.*
- *Return this form and fee to the County Registrar of Vital Records in the county where you want your record to be filed.*

*** CONFIDENTIAL INFORMATION REQUIRED BY IOWA CODE SECTION 595.4 ***

*** ADMINISTRATIVE PURPOSES ONLY *** NOT FOR PUBLIC VIEWING, DISTRIBUTION OR PUBLICATION ***

Party A Social Security Number _____ Party B Social Security Number _____

Anticipated Ceremony Date _____ Anticipated Officiant _____