

SALUDA COUNTY PROBATE COURT
PROBATE JUDGE ABIGAIL B. RIDGELL
MARRIAGE APPLICATION

DATE _____

FIRST APPLICANT'S NAME _____
FIRST MIDDLE SURNAME AT BIRTH CURRENT LAST NAME SUFFIX

BIRTHDATE _____ AGE _____
MONTH DAY YEAR

BIRTHPLACE _____ RACE _____ GENDER _____
STATE (ONLY) OR FOREIGN COUNTRY

RESIDENCE _____
STREET CITY STATE ZIP CODE

COUNTY _____

IS THIS YOUR FIRST MARRIAGE? _____ IF NOT, WHAT NUMBER? _____
TYPE OF IDENTIFICATION PROVIDED _____

SOCIAL SECURITY# _____ - _____ - _____ or ALIEN IDENTIFICATION# _____

TELEPHONE# _____ (DURING WORKING HOURS)

SECOND APPLICANT'S NAME _____
FIRST MIDDLE SURNAME AT BIRTH CURRENT LAST NAME SUFFIX

BIRTHDATE _____ AGE _____
MONTH DAY YEAR

BIRTHPLACE _____ RACE _____ GENDER _____
STATE (ONLY) OR FOREIGN COUNTRY

RESIDENCE _____
STREET CITY STATE ZIP CODE

COUNTY _____

IS THIS YOUR FIRST MARRIAGE? _____ IF NOT, WHAT NUMBER? _____
TYPE OF IDENTIFICATION _____

SOCIAL SECURITY# _____ - _____ - _____ or ALIEN IDENTIFICATION# _____

TELEPHONE# _____ (DURING WORKING HOURS)

SIGNATURE OF APPLICANT #1 _____

SIGNATURE OF APPLICANT #2 _____

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____
_____, NOTARY FOR _____