**MONTGOMERY COUNTY**

TENNESSEE

COUNTY CLERK'S OFFICE
Kellie Jackson, County Clerk
350 Pageant Lane, Suite 502, Clarksville, TN 37040

**Phone (931) 648-5711   www.mcclerktn.org**

| For Office Use Only | |
|---|---|
| **Date** | |
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# Marriage License Application

## APPLICANT #1 INFORMATION

_____
First Name          Middle          Last          Maiden Name or Suffix (Jr, Sr, etc)          Birth State

_____
Father's First Name          Middle          Last          Maiden Name or Suffix (Jr, Sr, etc)          Birth State

_____
Mother's First Name          Middle          Last          Maiden Name or Suffix (Jr, Sr, etc)          Birth State

_____
Street Address          City / State / ZIP          County

_____
Birth Date          Age          Social Security #          Telephone Number

**M  /  F**   _____          **Bride  /  Groom  /  Partner**      _____          _____
Gender          Race          Circle One Designation          Highest Grade Completed (1-12)          # College Years Completed

_____          _____          [  ] Divorce  [  ] Death  [  ] Annulment
# of marriages (including this one)          Date previous marriage ended (mm/dd/yyyy)          How did your previous marriage end?

## APPLICANT #2 INFORMATION

_____
First Name          Middle          Last          Maiden Name or Suffix (Jr, Sr, etc)          Birth State

_____
Father's First Name          Middle          Last          Maiden Name or Suffix (Jr, Sr, etc)          Birth State

_____
Mother's First Name          Middle          Last          Maiden Name or Suffix (Jr, Sr, etc)          Birth State

_____
Street Address          City / State / ZIP          County

_____
Birth Date          Age          Social Security #          Telephone Number

**M  /  F**   _____          **Bride  /  Groom  /  Partner**      _____          _____
Gender          Race          Circle One Designation          Highest Grade Completed (1-12)          # College Years Completed

_____          _____          [  ] Divorce  [  ] Death  [  ] Annulment
# of marriages (including this one)          Date previous marriage ended (mm/dd/yyyy)          How did your previous marriage end?

[  ] We **are** submitting a notarized Certificate of Completion Form (BK434-062804) for pre-marital counseling in order to pay a **discounted fee of $47.50**

[  ] We **are not** submitting a notarized Certificate of Completion Form (BK434-062804) for pre-marital counseling, and will pay the **full fee of $107.50**

∗ Acceptable forms of payment are cash, Master Card/VISA/Discover.  The processing fee for credit/debit card use is 2% of the total cost plus 25¢.

Address after marriage: _____

My signature below certifies that I understand this license must be used within the next thirty (30) days or it becomes null and void:

Applicant #1 Signature _____          Applicant #2 Signature _____