

State of Nebraska - Department of Health and Human Services Finance and Support - VITAL RECORDS

**MARRIAGE WORKSHEET**

1. APPLICANT #1 - Name (First, Middle, Last, Suffix)			2. AGE	
3a. COUNTRY		3b. STATE		3c. COUNTY
3d. CITY, TOWN OR LOCATION		3e. RESIDENCE - Street and Number		3f. ZIP CODE
4. BIRTHPLACE (City and State or Foreign Country)			5. DATE OF BIRTH (Mo., Day, Yr.)	
6a. FATHER'S - Name (First, Middle, Last, Suffix)			6b. BIRTHPLACE (City and State or Foreign Country)	
7a. MOTHER'S - Full Maiden Name (First, Middle, Last, Suffix)			7b. BIRTHPLACE (City and State or Foreign Country)	
8a. APPLICANT #2 - Name (First, Middle, Last, Suffix)		8b. MAIDEN NAME (If different)		9. AGE
10a. COUNTRY		10b. STATE		10c. COUNTY
10d. CITY, TOWN OR LOCATION		10e. RESIDENCE - Street and Number		10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)			12. DATE OF BIRTH (Mo., Day, Yr.)	
13a. FATHER'S - Name (First, Middle, Last, Suffix)			13b. BIRTHPLACE (City and State or Foreign Country)	
14a. MOTHER'S - Full Maiden Name (First, Middle, Last, Suffix)			14b. BIRTHPLACE (City and State or Foreign Country)	

**CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.**

15. SOCIAL SECURITY NUMBER - Applicant #1		15b. SOCIAL SECURITY NUMBER - Applicant #2	
16. If previously married, last marriage ended either by - Applicant #1: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment   Date Marriage Ended (Mo., Day, Yr.) _____ Applicant #2: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment   Date Marriage Ended (Mo., Day, Yr.) _____			
17a. Is Husband of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		17b. Is Bride of Hispanic or Latina Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	

18a. Husband	Race	18 b. Wife
Check one or more races to indicate what each person considers him/herself to be		
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/>	Asian	<input type="checkbox"/>
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>

**The fee for the marriage license is \$25.00. A certified copy of the marriage license is required in order to change last name, e.g. Driver's License, Social Security etc. The cost of a certified copy is \$9.00.**

Do you want a certified copy sent to you once it is filed in our office?   Yes   No

Mail certified copy to:   Applicant #1 Address   Applicant #2 Address   Other: \_\_\_\_\_