

AFFIDAVIT FOR LICENSE TO MARRY

No. _____

STATE OF MICHIGAN

County of _____

The Undersigned, being duly sworn, depose(s) and say(s) that:

COUPLE	_____ and _____
	FULL NAME (First, Middle, Last) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SURNAME ON BIRTH CERTIFICATE, IF DIFFERENT
	PRESENT AGE DATE OF BIRTH
	BIRTHPLACE – CITY AND STATE
	RESIDENCE NO. STREET
PARENTS	CITY, STATE, AND ZIP CODE
	RESIDENCE COUNTY TIMES PREVIOUSLY MARRIED
	FULL NAME (First, Middle, Last)
	SURNAME AT BIRTH BIRTHPLACE
	FULL NAME (First, Middle, Last)
	SURNAME AT BIRTH BIRTHPLACE

intend to marry and that this affidavit is made for the purpose of obtaining a marriage license; that each of the above-named persons is of ~~of~~ ^{at least} age required by law, is not related to the other within the degree prohibited by statute and is of sufficient mental capacity to contract marriage; that said persons are acquainted with the laws of the State of Michigan relative to marriage; that there is no legal impediment to said marriage; and that to the best knowledge and belief of the undersigned all of the foregoing statements are true.

Educational materials regarding prenatal care and the transmission and prevention of venereal disease and HIV infection as well as information on the availability of tests for these diseases have been received.

Signature _____ Signature _____

Social Security Number _____ Social Security Number _____

Subscribed to before me: the County Clerk: a Notary Public of _____ County, acting in _____ County, and whose commission expires on _____, 20____; or other person authorized to administer oaths, and sworn to on _____, 20____.

Signature _____