



**Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller**

Marriage License Information Sheet

Please Print Legibly

| <i>Spouse 1 Information</i> | | | |
|---|---|--|-----------------|
| Full Legal Name (First, Middle, Last, Suffix – If Applicable) | | Maiden Surname (If Different) | |
| Current Address (Including City) | | | |
| County | State | Residence Country | Zip Code |
| Date of Birth (MM/DD/YYYY) | Daytime Phone Number (Including Area Code) | Birthplace (State/Foreign Country) | |
| Social Security Number <input type="checkbox"/> No Social Security Number | Race (Black, White, Asian, Hispanic, American Indian, Other) | Previously Married <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Number of This Marriage | Last Marriage Ended In <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment | Date Ended (MM/DD/YYYY) | |
| <i>Spouse 2 Information</i> | | | |
| Full Legal Name (First, Middle, Last, Suffix – If Applicable) | | Maiden Surname (If Different) | |
| Current Address (Including City) | | | |
| County | State | Residence Country | Zip Code |
| Date of Birth (MM/DD/YYYY) | Daytime Phone Number (Including Area Code) | Birthplace (State/Foreign Country) | |
| Social Security Number <input type="checkbox"/> No Social Security Number | Race (Black, White, Asian, Hispanic, American Indian, Other) | Previously Married <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Number of This Marriage | Last Marriage Ended In <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment | Date Ended (MM/DD/YYYY) | |
| <p>Do the applicants have children TOGETHER and BORN in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | |

I hereby acknowledge the above information is true and correct.

Signature Spouse 1

Date

Signature Spouse 2

Date