

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
**CERTIFICATE OF MARRIAGE**

Marriage Ceremony Performed in the State of Iowa

114-

**LICENSE**  
COUNTY: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

<input type="checkbox"/>	Spouse	PARTY A – NAME BEFORE MARRIAGE			LAST NAME PRIOR TO <u>ANY</u> MARRIAGE
		FIRST	MIDDLE	LAST	SUFFIX, if any
1a.					1b.
<input type="checkbox"/>	Groom	PARTY A – NAME AFTER MARRIAGE			
		FIRST	MIDDLE	LAST	SUFFIX, if any
1c.					
<input type="checkbox"/>	Bride	RESIDENCE – STATE	RESIDENCE – COUNTY	RESIDENCE – CITY, TOWN, OR LOCATION	
2a.		2b.	2c.		
<input type="checkbox"/>	Spouse	STATE OF BIRTH (If not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER
3.				4a.	4b.
<input type="checkbox"/>	Groom	FATHER – CURRENT NAME		MOTHER – NAME PRIOR TO <u>ANY</u> MARRIAGE	
5.				6.	
<input type="checkbox"/>	Bride	PARTY B – NAME BEFORE MARRIAGE			LAST NAME PRIOR TO <u>ANY</u> MARRIAGE
		FIRST	MIDDLE	LAST	SUFFIX, if any
7a.					7b.
<input type="checkbox"/>	Spouse	PARTY B – NAME AFTER MARRIAGE			
		FIRST	MIDDLE	LAST	SUFFIX, if any
7c.					
<input type="checkbox"/>	Groom	RESIDENCE – STATE	RESIDENCE – COUNTY	RESIDENCE – CITY, TOWN, OR LOCATION	
8a.		8b.	8c.		
<input type="checkbox"/>	Bride	STATE OF BIRTH (If not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER
9.				10a.	10b.
<input type="checkbox"/>	Spouse	FATHER – CURRENT NAME		MOTHER – NAME PRIOR TO <u>ANY</u> MARRIAGE	
11.				12.	
		SIGNATURE OF PARTY A (After marriage)		SIGNATURE OF PARTY B (After marriage)	
13a.	▶			13b.	▶
		DATE SIGNED (Month, Day, Year)			
13c.					
		I CERTIFY THAT THE ABOVE NAMED (Month, Day, Year) PERSONS WERE MARRIED ON	PLACE OF MARRIAGE – COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)
14a.		14b.	14c.	14d.	
		OFFICIANT – SIGNATURE	OFFICIANT – MAILING ADDRESS (Street Address or Post Office Box, City or Town, State, Zip Code)		
15a.	▶				15b.
		WITNESS – SIGNATURE	WITNESS – SIGNATURE		
16a.	▶				16b.
		WITNESS – SIGNATURE	WITNESS – SIGNATURE		
		COUNTY REGISTRAR – SIGNATURE	DATE FILED (Month, Day, Year)		
17a.	▶			17b.	

PLEASE PRINT NAMES OF:      OFFICIANT \_\_\_\_\_

FIRST WITNESS \_\_\_\_\_

SECOND WITNESS \_\_\_\_\_

**OFFICIAL STATE COPY**

Return this completed and signed original state copy of the Certificate of Marriage within 15 days to the County Registrar of Vital Records office that issued the License to Marry.

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\*\*\* CONFIDENTIAL INFORMATION REQUIRED BY IOWA CODE SECTION 595.4 \*\*\*  
\*\*\* DO NOT COPY INTO COUNTY RECORD BOOKS – NOT TO APPEAR ON CERTIFIED COPIES \*\*\*  
\*\*\* NOT FOR PUBLIC VIEWING, DISTRIBUTION, OR PUBLICATION \*\*\*

COUNTY \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

PARTY A SOCIAL SECURITY NUMBER \_\_\_\_\_ PARTY B SOCIAL SECURITY NUMBER \_\_\_\_\_

License Valid Date \_\_\_\_\_