DEPARTMENT OF HEALTH AND FAMILY SERVICESDivision of Health Care Financing

MARRIAGE	ICENISE	VDDI	ICATIO	M
WARRIAGE	ICEIVOE	4		,,,

				IVI	ARRIAGI			APPLIC		_				
	1a. GROOM	- 1st Name	Groom - Mi	ddle Name	Gro	oom - Current L	ast Name		1	1b. GROOM BIRTH SUI	RNAME 2.	Date of Birth		
Ш00	3a. Place of	Residence-State		3b. County			3c. City/	Village/Town	0	f:	4. Sta	te of Birth		
	5. FATHER -	1st Name	Eul Middle	Las			IC N	OTHER 10		Full Middle		eth Curnama		
	D. FATHER -	- ISI Name	Full Middle	Las	5 L		O. IV	OTHER - 1st	t Name	Full Middle	ы	rth Surname		
7	7a. BRIDE -	1st Name	Bride - Mid	dle Name	Brid	de - Last Name				7b. BRIDE BIRTH SURI	NAME 8.	Date of Birth		
ַנַ	9a. Place of	Residence-State		9b. County			9c. City/	village/ i own	1 0	T:	10. St	ate of Birth		
ומני								0			<u> </u>			
	11. FATHER	t - 1st Name	Full Middle	Las	31		12.	MOTHER - 1	st Name	Full Middle	В	rtn Surname		
1	15. LICEN		SSUED BY COUN	IY CLERK			17.	DATE ISSUE	D (Mont	h/Day/Year)		NG COUNTY		
4	10		2. Proof of Age		D2 (Ctatus	<u> </u>		aident of this County		ASHINGT			
اء	P1. Age				Requires Permis	Status ent or Guar	1 \			to application?				
Elooie Grooii	Cert. Birth Cert. Other: P8. No. of P9. If Previously married, last married.				Yes			No Yes No			D.L. Other: Ended (Required if this is not first marriage)			
5	P8. No. of this marr.	_			P 10. Date L	ast Marriage I		Div:/Annyl. C	roof of I Decree	Div./Annul Cert.	Death Cert.	Other:	• ,	
\perp	P1. Age	Divorce	Annul.	Death	P3\((Qudrdill neAin	Status		D/ Do	sident of this County		Proof of Posid	onev	
	F1. Age		Requires Pelmis				uardianship Status ion/fromParent or Guardian? fo			for 30 days prior to application?		P5. Proof of Residency		
an la	P8. No. of	Cert. Birth Cert. Other:			P10. Date La	Yes Varriage	No Ended:	P11 P	roof of l	Yes No		D.L. Other:		
ןנ	this marr.				10.000			Div./Annul. D		Div./Annul. Cert.	Death Cert.	Other:	0 ,	
$\frac{1}{2}$	D 6 Are t	Divorce he Bride and Groot	n Palatova	If "Vas" De	eclare Relations	shin:		_Ц_						
		Yes No	Calcar	, 10,50	To the training	Silip.	lf	First Cousi	ins (eve	en by I/2 blood), Attac	h proof of sterility	if bride is unde	er 55.	
İ	P12. AF	PPLICATION TAKE	١ ١	13 FEE PAID:	P14.	5-DAY WAIT	ING PER	RIOD WAIV	ED?	P15. WAIVER	FEE PAID	P16. WAIVER	NUMBER:	
ļ	Г	Date of Marriage	\sim	\$100.00°	f Marriage	Yes		No City, Vill	ago T	OWN		Status		
	_	Date of Marriage		County of	i warriage			City, Vill	age, i	OWIT	City	Village	Town	
Ì	Off	iciant Name												
	Off	iciant Mailing Ad	Idress (Street Ci	ty State 7IP Co	de)						Officiant	Telephone N	lumber	
	Oli	Officiant Mailing Address (Street, City, State, ZIP Code)							Officiant Telephone Number					
The issue of this license shall not be deemed to remove or dispense with any legal disability, impediment or prohibition rendering marriage between the path of this license is valid for 30 days after the date issued by the County Clerk (s. 765.12).									etween the par	rties illegal.				
Ì	OT 4 7	TE OF WILLO	_			augo anton an				_				
STATE OF WISCONSIN SS STATE OF WISCONSIN SS Washington County									SS					
	I,							L						
								hereby swear or affirm that the information provided on this application						
correct to the best of my knowledge and belief and that I am free to marry is correct to the best of								st of my knowledg	t of my knowledge and belief and that I am free to					
under the laws of this state on the date of the intended marriage. marry under the laws of this state on the date of the intended marriage.									arriage.					
SIGNATURE - GROOM (Male) SIGNATURE - BRIDE (Female)									_					
Subscribed and sworn to or affirmed before me this day of day of , Subscribed and sworn to or affirmed before me this day of														
Deputy Co. Clerk Deputy Co. Clerk									Clerk					
WASHINGTON County, Wisconsin WASHINGTON County, Wisconsin										,. OICIN				
ľ	WARNIN	G: Per Chapters	765.08 and 7	65.20, Wis. S	Stats., persoi	ns intending	to mar	ry in the s	tate m	ust complete this	form and obtai	n a valid licer	nse to	
	WARNING: Per Chapters 765.08 and 765.20, Wis. Stats., persons intending to marry in the state must complete this form and obtain a valid license to marry before the marriage can take place. Any person falsely swearing to or affirming any parts of this application has violated Chapter 765.30, Wis. Stats. and may be fined not more than \$10,000 or imprisoned not more than 9 months, or both. The non-confidential portion of this form is an open													
	record an	id may be review	ved by any me	mber of the p	oublic. Repo	rts of fraud	ulent inf	ormation v	will be	reported to local I				
	record and may be reviewed by any member of the public. Reports of fraudulent information will be reported to local law enforcement. This office reserves the right to verify information provided by the applicants, including information on the status of prior marriages.													
CONFIDENTIAL INFORMATION [Chapters 69.20 (2) and 69.16, Wisconsin Statutes] Information collected below is confidential except as noted														
	Social Security Numbers may only be released for Child Support Enforcement program purposes per Chapter 69.20(3), Wis. Stats., and federal law 42 USC 666(a)(5). You must provide your Social Security Number if you have been assigned a number. If you have a Social Security number but refuse to give it, the County Clerk cannot issue you a marriage license. 2. The street address entered below can be given to a law enforcement officer who requests this information under provisions of Chapters 765.09(3) and 765.20(2), Wis.													
	Stat	Stats. The length of time the address is kept on file varies by county. The contact information may be given to the Register of Deeds or the State Vital Records Office, if necessary, to ensure the timely filing of an accurate and complete												
		marriage certificate. If this form is used as the marriage docket, the information below must be detached and is not open to public inspection.									ete			
GROOM										BRIDE				
ĺ	SOCIAL	SECURITY NO.	RAC	DE	EDUC Elem./Sec.	ATION College	SOCI	AL SECUR	RITY NO	D. RA	CE	EDUC Elem./Sec.	ATION College	
					(0-12)	1-4 or 5+	1					(0-12)	1-4 or 5+	
				_								<u> </u>		
ļ		Mail to Bride		Ma	ail to Groon	n			Mail to	o Officiant		Will Pick U	Jp	
			8.4=10 -	Address -f O	om and/sc D :	40				* **	nhone of Occasion	and/or Date		
			Mailing	Address of Gro	oom and/or Brid	ue				Tele	phone of Groom	and/or Bride		
ļ			Matte	Address of Of	rr - 1 OII						Additional Phone			