| STATE OF COLORADO  | APPLICATIO           | N FOR MA  | RRIAGE LIC        | ENSE County of    |               | Licen                                 | se #              |
|--|----------------------|-----------|-------------------|-------------------|---------------|---------------------------------------|-------------------|
| MALE APPLICANT:  |                      |           |                   |                   |               |                                       |                   |
| Legal Name:  | Middle Name          |           |                   |                   | Las           | t                                     | Suffix            |
| Addroso:   |                      |           |                   |                   |               |                                       |                   |
| Address:Number/St  | treet                |           |                   | City              |               |                                       | State/ Zip        |
| Birth Date:/   |                      | Last nam  | ne at birth if di | fferent (opt):    |               | · · · · · · · · · · · · · · · · · · · |                   |
| Social Security Number:  | City&State of Birth: |           |                   |                   |               |                                       |                   |
| Parent/Legal Guardian: _   | First Middle Name    |           | Last              | _City&Stat        | te:           |                                       |                   |
| Parent /Legal Guardian: _  |                      |           |                   |                   | _ City&State: |                                       |                   |
|  | First                | Middle    | Name              | Last              | _ Cityasia    | .te                                   |                   |
| Present Marital/Union Status   | : (circle one)       | Single    | Widowed           | Divorced/Dis      | solved        | Married                               | Civil Union       |
| If Divorced/Dissolved or Widow   | ved Date:/           |           | City&State:       |                   |               | Type of Co                            | urt:              |
| Proof of Age: (circle one)   | Valid Drivers        | License   | Passport          | Birth Certificate | Other (s      | pecify)                               |                   |
| FEMALE APPLICANT:  |                      |           |                   |                   |               |                                       |                   |
| Legal Name: First  |                      | Middle N  | Jamo              | Las               | .+            | Provid                                | ous Married Name  |
|  |                      | Wildale i | vaille            | Las               |               | FIEVIC                                | ous married Harri |
| Address:Number/St  | treet                |           | <del></del>       | City              |               |                                       | State/Zip         |
| Birth Date:/   | 1                    | Last nar  | ne at birth if d  | ifferent (opt):   |               |                                       |                   |
| Social Security Number:  |                      |           |                   |                   |               |                                       |                   |
|  |                      |           | Only              |                   |               |                                       |                   |
| Parent/Legal Guardian: _   | First                | Middle    | Name              | Last              | _ City&Stat   | :e:                                   |                   |
| Parent /Legal Guardian: _  |                      |           |                   |                   | _ City&State: |                                       |                   |
|  |                      | Middle    | Name              |                   |               |                                       |                   |
| Present Marital/Union Status   | : (circle one)       | Single    | Widowed           | Divorced/Diss     | solved        | Married                               | Civil Union       |
| If Divorced/Dissolved or Widow   | ved Date:/           |           | City&State:       |                   |               | Type of Co                            | urt:              |
| Proof of Age: (circle one)   | Valid Drivers        | License   | Passport          | Birth Certificate | Other (s      | pecify)                               |                   |
| Are the applicants relate  | ed by blood?         | Y or      |                   | How?              |               |                                       |                   |
| Married Status: (circle one  | e) Common            | Law       | Renewing yo       | our vows C        | Other (speci  | fy)                                   |                   |
| <b>OATH:</b> We the undersigned hereby knowledge, that neither applicant is un |                      |           |                   |                   |               |                                       |                   |
| MALE Signature:  |                      |           | FEM               | IALE Signature:   |               |                                       |                   |
| Subscribed and sworn to  | me this              | day of    | 20                | at                | m             |                                       |                   |
| Cascondou and onomito  |                      |           |                   |                   | _             | (S                                    | eal)              |
| County Clerk and Record  | ler                  | Ву:       | Deputy C          | ounty Clerk       |               |                                       |                   |
| •  |                      |           |                   |                   |               |                                       |                   |
| Type of Ceremony: (circle Return Mail Address                                  | e one) Relig         |           |                   | Date of Ceremor   |               | rding Info                            |                   |
|  |                      |           |                   |                   |               | <u> </u>                              |                   |