



APPLICATION FOR MARRIAGE LICENSE,

Victoria

County, Texas

Sec. 2.009 of the Texas Family Code requires the applicants for a marriage license to provide the information on this form, including their social security number. A county clerk may not issue a license unless all information is provided on this application.

Please **PRINT** your responses carefully and accurately. The information you provide on this application is used to create your marriage license.

MAN

First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data of Birth (mm/dd/year)	Age	Place of Birth (city)	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Telephone Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address (number & name)	City	State/Foreign Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Executed License to: (street)	City	State/Foreign Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I have not been divorced within the last 30 days. <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE		The other applicant is not related to me as; <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE	
I am not presently married and the other applicant is not presently married. <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE		an ancestor or descendent, by blood or adoption;	
I am not presently delinquent in the payment of court ordered child support. <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE		a brother or sister, of the whole or half blood or by adoption;	
		a parent's brother or sister of the whole or half blood or by adoption;	
		a son or daughter of a brother or sister of the whole or half blood or by adoption;	
		a current or former stepchild or stepparent, or by adoption	
I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services. <input type="checkbox"/>		a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption.	
I solemnly swear (or affirm) that the information I have given in this application is correct. _____			
Signature Application			
WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (HSC, SEC. 195.003)			

WOMAN

First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data of Birth (mm/dd/year)	Age	Place of Birth (city)	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Telephone Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address (number & name)	City	State/Foreign Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I have not been divorced within the last 30 days. <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE		The other applicant is not related to me as; <input type="checkbox"/> TRUE <input type="checkbox"/> TRUE	
I am not presently married and the other applicant is not presently married. <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE		an ancestor or descendent, by blood or adoption;	
I am not presently delinquent in the payment of court ordered child support. <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE		a brother or sister, of the whole or half blood or by adoption;	
		a parent's brother or sister of the whole or half blood or by adoption;	
		a son or daughter of a brother or sister of the whole or half blood or by adoption;	
		a current or former stepchild or stepparent, or	
I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services. <input type="checkbox"/>		a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption.	
I solemnly swear (or affirm) that the information I have given in this application is correct. _____			
Signature Application			
WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (HSC, SEC. 195.003)			

OFFICE USE ONLY:

Subscribed and sworn to before me, or I certify that the applicant did not appear personally but the prerequisites for the license have been fulfilled as prescribed by Section 2.007 of the Texas Family Code on _____,

MAN IDENTIFICATION TYPE _____ age _____

Robert Cortez County Clerk

Victoria County, Texas

WOMAN IDENTIFICATION _____ age _____

by _____ Deputy

Date of Marriage _____

County/Place of _____

Ceremony Performed by _____

LICENSE NUMBER _____ VOLUME _____ PAGE _____ FEE WAIVED - Hostile Fire Zone ☐ Together ☐ Other ☐