

**KERRY LEDBETTER
PUTNAM COUNTY CLERK**
121 South Dixie Avenue
COOKEVILLE TN 38501

MARRIAGE LICENSE INFORMATION
(LICENSE IS GOOD FOR 30 DAYS ONLY!!)

APPLICANT # 1

GENDER: _____

NAME _____
First Middle Last Maiden/Suffix Birth State

FATHER _____
First Middle Last Suffix Birth State

MOTHER _____
First Middle Last Maiden Birth State

ADDRESS _____
Street Address City State Zip County

BIRTH DATE _____ AGE _____ SOCIAL SECURITY NUMBER _____

RACE _____ EDUCATION: Highschool _____ Degree _____

What Number is this Marriage? _____ Previous Marriage Ended in Divorce _____ or Death _____

Date Divorce was Final _____ Date of Death _____

CLOSEST LIVING RELATIVE _____
Ex: (Mom, Dad, Sibling or Grandparent) NAME RELATIONSHIP

ADDRESS _____
Street Address City State Zip

PHONE NUMBER _____

ADDRESS AFTER MARRIAGE _____
Street Address City State Zip

PAYMENT METHOD

Did you receive Premarital Counseling? YES _____ NO _____ Cash _____ (or) Credit/Debit Card _____

Under penalties of perjury, I hereby swear or affirm that this information is correct to the best of my knowledge.

SIGNATURE

DATE

**KERRY LEDBETTER
PUTNAM COUNTY CLERK**

121 South Dixie Avenue
COOKEVILLE TN 38501

MARRIAGE LICENSE INFORMATION
(LICENSE IS GOOD FOR 30 DAYS ONLY!!)

APPLICANT # 2

GENDER: _____

NAME _____
First Middle Last Maiden/Suffix Birth State

FATHER _____
First Middle Last Suffix Birth State

MOTHER _____
First Middle Last Maiden Birth State

ADDRESS _____
Street Address City State Zip County

BIRTH DATE _____ AGE _____ SOCIAL SECURITY NUMBER _____

RACE _____ EDUCATION: Highschool _____ Degree _____

What Number is this Marriage? _____ Previous Marriage Ended in Divorce _____ or Death _____

Date Divorce was Final _____ Date of Death _____

CLOSEST LIVING RELATIVE _____
Ex: (Mom, Dad, Sibling or Grandparent) NAME RELATIONSHIP

ADDRESS _____
Street Address City State Zip

PHONE NUMBER _____

ADDRESS AFTER MARRIAGE _____
Street Address City State Zip

PAYMENT METHOD

Did you receive Premarital Counseling? YES _____ NO _____ Cash _____ (or) Credit/Debit Card _____

Under penalties of perjury, I hereby swear or affirm that this information is correct to the best of my knowledge.

SIGNATURE

DATE