

**WAYNE NABORS
PUTNAM COUNTY CLERK
121 South Dixie Avenue
COOKEVILLE TN 38501**

MARRIAGE LICENSE INFORMATION

APPLICANT # 1

GENDER: _____

NAME _____
 First Middle Last 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: Highest Year Completed _____ College Years Completed _____

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

Date Divorce was Final _____ Date of Death _____

CLOSEST LIVING RELATIVE _____
(MUST BE 18 OR OLDER) NAME RELATIONSHIP

ADDRESS _____
 Street Address City State Zip

APPLICANT # 1 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

**WAYNE NABORS
PUTNAM COUNTY CLERK
121 South Dixie Avenue
COOKEVILLE TN 38501**

MARRIAGE LICENSE INFORMATION

APPLICANT # 2

GENDER: _____

NAME _____
First Middle Last Maiden 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: Highest Year Completed** _____ **College Years Completed** _____

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

Date Divorce was Final _____ **Date of Death** _____

CLOSEST LIVING RELATIVE _____
(MUST BE 18 OR OLDER) NAME RELATIONSHIP

ADDRESS _____
Street Address City State Zip

APPLICANT # 2 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