

DATE:	APPLICANT #1		APPLICANT #2	
Full Name				
Residence: Street Address				
City/State		City Limits:		City Limits:
County				
Age:	Birth Date:	Race	Birth Date:	Race
Birthplace (City/State or Country)				
Social Security #				
Relationship				
Telephone Number				
Occupation				
Surname (Married Name)				
# of Previous Marriages				
<ul style="list-style-type: none"> • How Dissolved 				
<ul style="list-style-type: none"> • What Grounds 				
<ul style="list-style-type: none"> • When/Where 				
<ul style="list-style-type: none"> • Legal Impediment 				
Father's Name				
Father's Birthplace (City/State or Country)				
Mother's FULL Maiden Name				
Mother's Birthplace (City/State or Country)				
Parent's Residence (City/State or Country)	Father:	Father:		
	Mother:	Mother:		
Date/Place (City/State) of Contemplated Marriage				

I hereby certify that the foregoing answers were made under Oath and Subscribed before me by both of the contracting parties.

This ____ day of _____, 2020

I certify that I have received the DHR AIDS Brochure and list of test sites.