

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

COUNTY CLERK RESPONSIBLE FOR COMPLETION OF ITEMS 1-14 AND 17-21.

OFFICIANT RESPONSIBLE FOR ITEMS 15 & 16.

TYPE OR PRINT IN PERMANENT BLACK INK.

ALL SIGNATURES MUST BE IN PERMANENT BLACK INK.

APPLICANTS MUST SIGN IN THE PRESENCE OF THE CLERK ISSUING THE LICENSE.

PERSON PERFORMING CEREMONY MUST RETURN CERTIFICATE TO CLERK ISSUING LICENSE WITHIN 3 DAYS AFTER CEREMONY.

ALL ITEMS 1-21 MUST BE COMPLETED.

LICENSE
COUNTY _____
NUMBER _____



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF MARRIAGE

STATE
FILE NO. _____

APPLICANT - 1

1a. GROOM BRIDE PARTNER-1 NAME (First, Middle, Last) _____ 1b. ORIGINAL SURNAME (If different) _____ 1c. SOCIAL SECURITY NUMBER _____

2a. RESIDENCE - (State) _____ 2b. COUNTY _____ 2c. CITY, TOWN, OR LOCATION _____

APPLICANT - 2

2d. STREET AND NUMBER _____ 3. BIRTH PLACE (State or Foreign Country) _____ 4. DATE OF BIRTH (Month, Day, Year) _____

5a. FATHER / PARENT-1 NAME (First, Middle, Original Surname) _____ 5b. BIRTHPLACE (State or Foreign Country) _____ 6a. MOTHER / PARENT-2 NAME (First, Middle, Original Surname) _____ 6b. BIRTHPLACE (State or Foreign Country) _____

SIGNATURES

7a. BRIDE GROOM PARTNER-2 NAME (First, Middle, Last) _____ 7b. ORIGINAL SURNAME (If different) _____ 7c. SOCIAL SECURITY NUMBER _____

8a. RESIDENCE - (STATE) _____ 8b. COUNTY _____ 8c. CITY, TOWN, OR LOCATION _____

OFFICIANT

8d. STREET AND NUMBER _____ 9. BIRTH PLACE (State or Foreign Country) _____ 10. DATE OF BIRTH (Month, Day, Year) _____

11a. FATHER / PARENT-1 NAME (First, Middle, Original Surname) _____ 11b. BIRTHPLACE (State or Foreign Country) _____ 12a. MOTHER / PARENT-2 NAME (First, Middle, Original Surname) _____ 12b. BIRTHPLACE (State or Foreign Country) _____

13a. GROOM BRIDE PARTNER-1 NAME (Signature) _____ 13b. BRIDE GROOM PARTNER-2 (Signature) _____ 13c. DATE SIGNED (Month, Day, Year) _____

14. MAILING ADDRESS _____ Street and Number _____ City _____ State _____ Zip _____

15a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED BY ME, IN THE STATE OF TENNESSEE, IN THE COUNTY OF _____ ON _____ (Month, Day, Year) _____ 15b. CEREMONY-RELIGIOUS OR CIVIL (Specify) _____

15c. OFFICIANT - (Signature) _____ 15d. DATE SIGNED (Month, Day, Year) _____

15e. OFFICIANT - (Name Print) _____ 15f. ADDRESS OF OFFICIANT _____

16a. WITNESS TO CEREMONY - (Signature) _____ 16b. ADDRESS OF WITNESS _____

17a. COUNTY CLERK - (Signature) _____ 17b. DATE FILED BY COUNTY CLERK (Month, Day, Year) _____

APPLICANT - 1

APPLICANT - 2

CONFIDENTIAL INFORMATION					
18. Race - Native American, Black, White, Etc. (Specify Below)	19. Number of this Marriage First, Second, Etc. (Specify)	20. If Previously Married, How last Marriage Ended (Specify Below)	Date Ended (Month, Day, Year)	21. Education (Specify Highest Grade Completed)	
				Elementary or Secondary (0-12)	College (1-4 or 5+)
18a.	19a.	20a.	20b.	21a.	
18b.	19b.	20c.	21d.	21b.	