



Carrie McKelvey
Loudon County Clerk

101 Mulberry Street Suite 200
Loudon, Tennessee 37774
865-458-3314

For Office Use Only

Date _____

License # _____

Marriage License Application

| | | | | | | |
|---------------------------------|-------------------------------------|---|--|--|--|--|
| APPLICANT #1 INFORMATION | First Name | Middle | Last | Maiden Name <u>or</u> Suffix (Jr, Sr, etc) | Birth State | |
| | Father's First Name | Middle | Last | Maiden Name <u>or</u> Suffix (Jr, Sr, etc) | Birth State | |
| | Mother's First Name | Middle | Last | Maiden Name <u>or</u> Suffix (Jr, Sr, etc) | Birth State | |
| | Street Address | City / State / ZIP | | | County | |
| | Birth Date | Age | Social Security # | Telephone Number | | |
| | M / F Gender | Race | Bride / Groom / Partner Circle One Designation | Highest Grade Completed (1-12) | # College Years Completed | |
| | # of marriages (including this one) | Date previous marriage ended (mm/dd/yyyy) | | | [] Divorce [] Death [] Annulment How did your previous marriage end? | |

| | | | | | | |
|---------------------------------|-------------------------------------|---|--|--|--|--|
| APPLICANT #2 INFORMATION | First Name | Middle | Last | Maiden Name <u>or</u> Suffix (Jr, Sr, etc) | Birth State | |
| | Father's First Name | Middle | Last | Maiden Name <u>or</u> Suffix (Jr, Sr, etc) | Birth State | |
| | Mother's First Name | Middle | Last | Maiden Name <u>or</u> Suffix (Jr, Sr, etc) | Birth State | |
| | Street Address | City / State / ZIP | | | County | |
| | Birth Date | Age | Social Security # | Telephone Number | | |
| | M / F Gender | Race | Bride / Groom / Partner Circle One Designation | Highest Grade Completed (1-12) | # College Years Completed | |
| | # of marriages (including this one) | Date previous marriage ended (mm/dd/yyyy) | | | [] Divorce [] Death [] Annulment How did your previous marriage end? | |

___ We are submitting a notarized Certificate of Completion Form (BK434-062804) for pre-marital counseling in order to pay a discounted fee of \$ 37.50

___ We are not submitting a notarized Certificate of Completion Form (BK434-062804) for pre-marital counseling, and will pay the full fee of \$ 100.00.

Address after Marriage _____

My signature below certifies that I understand this license must be used within the next thirty (30) days or it becomes null and void:

Applicant # 1 Signature _____ Applicant # 2 Signature _____ Date _____