

**CARRIE MCKELVEY  
LOUDON COUNTY CLERK**

101 MULBERRY ST  
STE 200  
LOUDON, TN 37774

**MARRIAGE LICENSE INFORMATION**

**APPLICANT 1**    GROOM    BRIDE    PARTNER

Applicant 1's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Father / Parent 1's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Mother / Parent 2's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Applicant 1's Address \_\_\_\_\_  
Street and Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Race \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Education \_\_\_\_\_  
County \_\_\_\_\_ College, No. Yrs. Completed \_\_\_\_\_  
Marriage Number \_\_\_\_\_

Applicant 1's Email \_\_\_\_\_ How Prev. Marriage Ended \_\_\_\_\_  
Applicant 1's Phone \_\_\_\_\_ Date Prev. Marriage Ended \_\_\_\_\_  
Gender \_\_\_\_\_

Applicant 1's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Next of Kin \_\_\_\_\_  
Address \_\_\_\_\_

**APPLICANT 2**    GROOM    BRIDE    PARTNER

Applicant 2's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Father / Parent 1's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Mother / Parent 2's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Applicant 2's Address \_\_\_\_\_  
Street and Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Race \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Education \_\_\_\_\_  
County \_\_\_\_\_ College, No. Yrs. Completed \_\_\_\_\_  
Marriage Number \_\_\_\_\_

Applicant 2's Email \_\_\_\_\_ How Prev. Marriage Ended \_\_\_\_\_  
Applicant 2's Phone \_\_\_\_\_ Date Prev. Marriage Ended \_\_\_\_\_  
Gender \_\_\_\_\_

Applicant 2's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Next of Kin \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ 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

My signature below certifies that I understand this license must be used within the next (30) days or it becomes null and void.  
I also hereby certify that the above information is true.

Applicant # 1 Signature \_\_\_\_\_ Applicant # 2 Signature \_\_\_\_\_

Address After Marriage: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_