

Marriage License #: _____

Date: _____

RILEY WAMPLER
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 _____
City _____ State _____ Zip _____
County _____

Social Security Number _____
Race _____
Primary Education _____
College, No. Yrs. Completed _____
Marriage Number _____
How Prev. Marriage Ended _____
Date Prev. Marriage Ended _____
Gender _____

Applicant 1's Email _____

Applicant 1's Phone _____

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 _____
City _____ State _____ Zip _____
County _____

Social Security Number _____
Race _____
Primary Education _____
College, No. Yrs. Completed _____
Marriage Number _____
How Prev. Marriage Ended _____
Date Prev. Marriage Ended _____
Gender _____

Applicant 2's Email _____

Applicant 2's Phone _____

Applicant 2's Birth Date _____ Age _____

Next of Kin _____
Address _____

Address After Marriage

Street and Number _____
City _____ State _____ Zip _____

Premarital Counseling
Did both applicants receive premarital counseling? Yes No

I hereby certify that the above statements are true
Applicant 1 Signature _____
Applicant 2 Signature _____

Online Application Addendum

_____ 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 _____

CONFIDENTIAL INFORMATION – OPTIONAL

18a. Applicant 1: Hispanic Origin (Check the box that best describes whether the Applicant is Spanish/Hispanic/Latino. Check the "No" box if Applicant 1 is not Spanish/Hispanic/Latino.)

- No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American
 Yes, Puerto Rican Yes, Cuban
 Yes, Other Spanish/Hispanic/Latino (specify) _____
 Unknown

18b. Applicant 2: Hispanic Origin (Check the box that best describes whether the Applicant is Spanish/Hispanic/Latino. Check the "No" box if Applicant 2 is not Spanish/Hispanic/Latino.)

- No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American
 Yes, Puerto Rican Yes, Cuban
 Yes, Other Spanish/Hispanic/Latino (specify) _____
 Unknown

19a. Applicant 1: Race (Check one or more races to indicate how the Applicant identifies.)

- White Black or African American
 American Indian or Alaskan Native
 Name of enrolled or principal tribe (specify) _____
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian, specify _____ Native Hawaiian
 Guamanian or Chamorro Samoan
 Other Pacific Islander, specify _____
 Other, specify _____ Unknown

19b. Applicant 2: Race (Check one or more races to indicate how the Applicant identifies.)

- White Black or African American
 American Indian or Alaskan Native
 Name of enrolled or principal tribe (specify) _____
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian, specify _____ Native Hawaiian
 Guamanian or Chamorro Samoan
 Other Pacific Islander, specify _____
 Other, specify _____ Unknown

20a. Applicant 1: Education (Check the box that best describes the highest degree or level of school the Applicant completed.)

- 8th grade or less 9th-12th grade, no diploma
 High school graduate or GED completed
 Some college credit but, no degree Associate degree (e.g., AA, AS)
 Bachelor's degree (e.g., BA, BS)
 Master's degree (e.g., MA, MS, MBA)
 Doctorate (e.g., PhD) or Professional degree (e.g., MD, JD)
 Unknown

20b. Applicant 2: Education (Check the box that best describes the highest degree or level of school the Applicant completed.)

- 8th grade or less 9th-12th grade, no diploma
 High school graduate or GED completed
 Some college credit but, no degree Associate degree (e.g., AA, AS)
 Bachelor's degree (e.g., BA, BS)
 Master's degree (e.g., MA, MS, MBA)
 Doctorate (e.g., PhD) or Professional degree (e.g., MD, JD)
 Unknown

21a. Applicant 1: Number of this Marriage (1st, 2nd, 3rd, etc.)

21b. Applicant 2: Number of this Marriage (1st, 2nd, 3rd, etc.)

22a. Applicant 1: If Previously Married, Date Marriage Ended

22b. Applicant 2: If Previously Married, Date Marriage Ended

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: _____