Reset Form

APPLICATION FOR MARRIAGE LICENSE

State Form 53394 (R7 / 3-26)
INDIANA DEPARTMENT OF HEALTH
Prescribed under authority of IC 31-11-4

Number _____

File _____

_____ County

Date of Application (*month, day, year*) _____

APPLICANT 1

	Yes	No
1. Are you now or have you ever been adjudged to be of unsound mind or incompetent?	☐	☐
If yes, has the adjudication been removed by court order?	☐	☐
2. Are you related to the co-applicant closer than second cousin?	☐	☐
If yes, are you first cousins and over age 65?	☐	☐
3. Are you now under the influence of an alcoholic beverage?	☐	☐
4. Are you now under the influence of a narcotic drug?	☐	☐
5. Are you a convicted lifetime sex or violent offender?	☐	☐

If yes, list county and state in which you were convicted _____

Name _____ _____ _____
First *Middle* *Last*

Date of Birth _____ _____ _____
Month *Day* *Year*

Date of Birth Verified By ☐ Birth Certificate ☐ Valid Operator License / ID Card ☐ Other (*specify*) _____

Place of Birth (*State or Foreign Country*) _____

Residence _____
Street/City/State/ZIP or Street/City/Foreign Country

Dependent Children (*list full names of each*) _____

Full Name of Parent 1 (*If adopted, list adoptive parent only.*) _____

Residence of Parent 1 (*Last Known. If deceased, so state*) _____
Street/City/State/ZIP or Street/City/Foreign Country

Birthplace of Parent 1 (*state or foreign country*) _____

Full Name of Parent 2 (*If adopted, list adoptive parent only.*) _____

Residence of Parent 2 (*Last Known. If deceased, so state.*) _____
Street/City/State/ZIP or Street/City/Foreign Country

Birthplace of Parent 2 (*state or foreign country*) _____

APPLICANT 2

	Yes	No
1. Are you now or have you ever been adjudged to be of unsound mind or incompetent?	☐	☐
If yes, has the adjudication been removed by court order?	☐	☐
2. Are you related to the co-applicant closer than second cousin?	☐	☐
If yes, are you first cousins and over age 65?	☐	☐
3. Are you now under the influence of an alcoholic beverage?	☐	☐
4. Are you now under the influence of a narcotic drug?	☐	☐
5. Are you a convicted lifetime sex or violent offender?	☐	☐

If yes, list county and state in which you were convicted _____

Name _____ _____ _____
First *Middle* *Last*

Date of Birth _____ _____ _____
Month *Day* *Year*

Date of Birth Verified By ☐ Birth Certificate ☐ Valid Operator License / ID Card ☐ Other (*specify*) _____

Place of Birth (*State or Foreign Country*) _____

Residence _____
Street/City/State/ZIP or Street/City/Foreign Country

Dependent Children (*list full names of each*) _____

Full Name of Parent 1 (*If adopted, list adoptive parent only.*) _____

Residence of Parent 1 (*Last Known. If deceased, so state*) _____
Street/City/State/ZIP or Street/City/Foreign Country

Birthplace of Parent 1 (*state or foreign country*) _____

Full Name of Parent 2 (*If adopted, list adoptive parent only.*) _____

Residence of Parent 2 (*Last Known. If deceased, so state.*) _____
Street/City/State/ZIP or Street/City/Foreign Country

Birthplace of Parent 2 (*state or foreign country*) _____

Acknowledgements: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

Signature of applicant _____

Date (*month, day, year*) _____

☐ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Signature of applicant _____

Date (*month, day, year*) _____

☐ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Affirmation: I swear/affirm that the information given in this application is true and correct. I acknowledge that a person who knowingly furnishes false information to a Clerk of the Circuit Court when the person applies for a marriage license under IC 31-11-4 commits a Level 6 felony. I understand that under IC 31-11-8-4 a marriage is void if either party to the marriage was mentally incompetent when the marriage was solemnized.

Signature of applicant Date

Subscribed and sworn to before me this day of ,20

Clerk of the Circuit Court

Signature of applicant Date

Subscribed and sworn to before me this day of ,20

Clerk of the Circuit Court