

Commonwealth of Virginia

Marriage Application

FULL NAME: _____
(first) (middle) (last)

MAIDEN SURNAME: _____

SSN: _____ - _____ - _____ SEX: _____ AGE: _____

DATE OF BIRTH: _____ / _____ / _____ PLACE OF BIRTH: _____
(State or Foreign Country)

RACE: _____ # OF THIS MARRIAGE: _____ MARITAL STATUS _____
(first, second, etc) (Widowed/Divorced)

EDUCATION: _____ COLLEGE: _____
(grades 0-12) (1-4 OR 5+)

USUAL RESIDENCE: _____
(Street address or Rt. number)

CITY OR TOWN OF RESIDENCE: _____

COUNTY: _____ STATE: _____ ZIP: _____

NAME OF PARENT: _____ SEX: _____
(first, middle, last) (maiden name if any)

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