PLEASE COMPLETE AND MAIL THIS APPLICATION WITH COPIES OF EACH APPLICANT'S SOCIAL SECURITY CARD (OR ANOTHER OFFICIAL DOCUMENT THAT VERIFIES NAME AND SOCIAL SECURITY NUMBER), A PICTURE ID AND \$30.00 MONEY ORDER OR CHECK FOR THE FILING FEE.

FIRST APPLICANT'S NAME	<u>E</u>					
	FIRST	MIDDLE	SURNAME AT BIRTH	CURRENT SUFFIX LAST NAME		
BIRTHDATE		AGI	E			
BIRTHDATE MONTH	DAY	YEAR				
BIRTHPLACE			RACE	GENDER		
STATE (ONI	LY) OR FOREI	GN COUNTRY	_	GENDER		
RESIDENCE						
RESIDENCESTREET		CITY	STATE	ZIP CODE		
COUNTY						
IS THIS YOUR FIRST MARE	RIAGE?	IF NOT, WHAT NU	MBER?			
TYPE OF IDENTIFICATION SOCIAL SECURITY#						
SOCIAL SECURITY#	or A	LIEN IDENTIFICA	110N#			
TELEPHONE#	(D)	URING WORKING	HOURS)			
#	(A	FTER WORKING H	IOURS)			
SECOND APPLICANT'S NA	ME		SURNAME	CUDDENT CUEEN		
	FIKSI	MIDDLE	AT BIRTH			
BIRTHDATE MONTH			AGE			
MONTH	DAY	YEAR				
BIRTHPLACE			RACE	GENDER		
STATE (ON	LY) OR FOREI	GN COUNTRY		GENDER		
RESIDENCE						
STREET		CITY	STATE	ZIP CODE		
COUNTY						
IS THIS YOUR FIRST MARE	RIAGE?	IF NOT, WHAT N	UMBER?			
TYPE OF IDENTIFICATION SOCIAL SECURITY#or ALIEN IDENTIFICATION#				*We hereby make application for a marriage license and solemnly swear that all the statements contained in the above application are true. We further		
TELEPHONE#(DURING WORKING HOURS) #(AFTER WORKING HOURS)						
				make oath that there is no legal impediment to such marriage.		
*SIGNATURE OF APPLICAT **SWORN TO BEFORE ME	THISD	AY OF	, 20_	***YOU MUST HAVE A NOTARY		
	, NO	TARY FOR		SIGN FOR EACH APPLICANT		
*SIGNATURE OF APPLICA	NT #2			BEFORE YOU SUBMIT THE APPLICATION***		
*SIGNATURE OF APPLICA **SWORN TO BEFORE ME	THISD	AY OF	, 20			
	, NO	TARY FOR				

YOU WILL NEED TO MAIL THIS DOCUMENT TO THE LEXINGTON COUNTY PROBATE COURT AT 205 E. MAIN STREET, SUITE 134, LEXINGTON, SC 29072. PLEASE INDICATE THE ADDRESS TO WHICH YOU WOULD LIKE THE MARRIAGE LICENSE MAILED.