

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.

DATE _____

FIRST APPLICANT'S NAME _____
FIRST MIDDLE SURNAME CURRENT SUFFIX
AT BIRTH LAST NAME

BIRTHDATE _____ AGE _____
MONTH DAY YEAR

BIRTHPLACE _____ RACE _____ GENDER _____
STATE (ONLY) OR FOREIGN COUNTRY

RESIDENCE _____
STREET CITY STATE ZIP CODE

COUNTY _____

IS THIS YOUR FIRST MARRIAGE? _____ IF NOT, WHAT NUMBER? _____

TYPE OF IDENTIFICATION _____
SOCIAL SECURITY# _____ - _____ - _____ or ALIEN IDENTIFICATION# _____

TELEPHONE# _____ (DURING WORKING HOURS)
_____ (AFTER WORKING HOURS)

SECOND APPLICANT'S NAME _____
FIRST MIDDLE SURNAME CURRENT SUFFIX
AT BIRTH LAST NAME

BIRTHDATE _____ AGE _____
MONTH DAY YEAR

BIRTHPLACE _____ RACE _____ GENDER _____
STATE (ONLY) OR FOREIGN COUNTRY

RESIDENCE _____
STREET CITY STATE ZIP CODE

COUNTY _____

IS THIS YOUR FIRST MARRIAGE? _____ IF NOT, WHAT NUMBER? _____

TYPE OF IDENTIFICATION _____
SOCIAL SECURITY# _____ - _____ - _____ or ALIEN
IDENTIFICATION# _____

TELEPHONE# _____ (DURING WORKING HOURS)
_____ (AFTER WORKING HOURS)

*SIGNATURE OF APPLICANT #1 _____

*SIGNATURE OF APPLICANT #2 _____

**SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__

_____, NOTARY FOR _____

*We hereby make application for a marriage license and solemnly swear that all the statements contained in the above application are true. We further make oath that there is no legal impediment to such marriage.

****YOU MUST HAVE A NOTARY SIGN BEFORE YOU SUBMIT THE APPLICATION****

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.