

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES – N.C. VITAL RECORDS

	LICENSE NUMBER	COUNTY				
APPLICANT 1	1a. NAME FIRST MIDDLE LAST		1b. LAST NAME AT BIRTH (If Different)	1c. GENDER (Optional)		
	2a. RESIDENCE-STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION	2d. INSIDE CITY LIMITS (Specify Yes or No)		
	2e. STREET AND NUMBER		3. BIRTHPLACE (COUNTY & STATE)	4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE	
	5a. PARENT'S NAME AT PARENT'S BIRTH		5b. STATE OF BIRTH	5c. ADDRESS (If Living)		
	6a. PARENT'S NAME AT PARENT'S BIRTH		6b. STATE OF BIRTH	6c. ADDRESS (If Living)		
	7. RACE (Optional)	8. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED		10. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED	
	9a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		9b. DATE MONTH YEAR		ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)
APPLICANT 2	11a. NAME FIRST MIDDLE LAST		11b. LAST NAME AT BIRTH (If Different)	11c. GENDER (Optional)		
	12a. RESIDENCE-STATE	12b. COUNTY	12c. CITY, TOWN, OR LOCATION	12d. INSIDE CITY LIMITS (Specify Yes or No)		
	12e. STREET AND NUMBER		13. BIRTHPLACE (COUNTY & STATE)	14a. DATE OF BIRTH (Month, Day, Year)	14b. AGE	
	15a. PARENT'S NAME AT PARENT'S BIRTH		15b. STATE OF BIRTH	15c. ADDRESS (If Living)		
	16a. PARENT'S NAME AT PARENT'S BIRTH		16b. STATE OF BIRTH	16c. ADDRESS (If Living)		
	17. RACE (Optional)	18. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED		20. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED	
	19a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		19b. DATE MONTH YEAR		ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)