STATE OF COLORADO APPLICATION FOR MARRIAGE LICENSE County of _____ License # _____

MALE APPLICANT:

Legal Name: _____
First **Middle Name** **Last** **Suffix**

Address: _____
Number/Street **City** **State/ Zip**

Birth Date: _____/_____/_____ Last name at birth if different (opt): _____

Social Security Number: _____ City&State of Birth: _____

Father/Legal Guardian: _____ City&State:_____
First **Middle Name** **Last**

Mother/Legal Guardian: _____ City&State:_____
First **Middle Name** **Maiden & Last**

Present Marital Status: (circle one) Single Widowed Divorced Married

If Divorced or Widowed Date: ___/_____/_____ City&State: _____ Type of Court: _____

Proof of Age: (circle one) Valid Drivers License Passport Birth Certificate Other (specify) _____

FEMALE APPLICANT:

Legal Name:_____
First **Middle Name** **Last** **Previous Married Name**

Address: _____
Number/Street **City** **State/Zip**

Birth Date: _____/_____/_____ Last name at birth if different (opt): _____

Social Security Number: _____ City&State of Birth: _____

Father/Legal Guardian: _____ City&State: _____
First **Middle Name** **Last**

Mother/Legal Guardian: _____ City&State: _____
First **Middle Name** **Maiden & Last**

Present Marital Status: (circle one) Single Widowed Divorced Married

If Divorced or Widowed Date: ___/_____/_____ City&State: _____ Type of Court: _____

Proof of Age: (circle one) Valid Drivers License Passport Birth Certificate Other (specify) _____

Are the applicants related by blood? **Y** **or** **N** How? _____

Married Status: (circle one) Common Law Renewing your vows Other (specify) _____

OATH: We the undersigned hereby make application for a license to unite in marriage and under oath we state that the information given is true and correct to the best of our knowledge and belief and there exists no legal reason why we should not be married.

MALE Signature: _____ **FEMALE Signature:** _____

Subscribed and sworn to me this _____ day of _____, 20___ at _____ __m.

(seal)

_____ By: _____
County Clerk and Recorder **Deputy County Clerk**

Type of Ceremony:(circle one) Religious Civil Self **Date of Ceremony:** _____

Return Mail Address_____Recording Info _____

Form M-1, Approved by the Office of the State Registrar of Vital Statistics, Revised 06/2005