

**State of Nebraska
Department of Health and Human Services Finance and Support
VITAL STATISTICS**

**LICENSE AND CERTIFICATE OF MARRIAGE
(Application and Return)**

Rev. 9-97
TYPE ONLY
SEE INSTRUCTIONS

1. COUNTY OF _____		4. AGE _____	
2. LICENSE NO. _____		5d. COUNTY _____	
3. GROOM — NAME FIRST MIDDLE LAST		5c. CITY, TOWN OR LOCATION AND STATE (Include zip)	
5a. USUAL RESIDENCE—STREET & NUMBER—RURAL ROUTE		5b. INSIDE CITY LIMITS (Specify yes or no)	5c. CITY, TOWN OR LOCATION AND STATE (Include zip)
6. OCCUPATION		7. BIRTHPLACE (City and state or foreign country)	8. DATE OF BIRTH (Mo., Day, Yr.)
9a. FATHER — NAME		9b. BIRTHPLACE (City and state or foreign country)	
10a. MOTHER — FULL MAIDEN NAME		10b. BIRTHPLACE (City and state or foreign country)	
11a. BRIDE — NAME FIRST MIDDLE LAST		11b. MAIDEN NAME (if different)	
11a. BRIDE — NAME FIRST MIDDLE LAST		12. AGE _____	
13a. USUAL RESIDENCE—STREET & NUMBER—RURAL ROUTE		13b. INSIDE CITY LIMITS (Specify yes or no)	13c. CITY, TOWN OR LOCATION AND STATE (Include Zip)
13a. USUAL RESIDENCE—STREET & NUMBER—RURAL ROUTE		13b. INSIDE CITY LIMITS (Specify yes or no)	13d. COUNTY _____
14. OCCUPATION		15. BIRTHPLACE (City and state or foreign country)	16. DATE OF BIRTH (Mo., Day, Yr.)
17a. FATHER — NAME		17b. BIRTHPLACE (City and state or foreign country)	
18a. MOTHER — FULL MAIDEN NAME		18b. BIRTHPLACE (City and state or foreign country)	
WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE AS OF THE DATE OF THIS LICENSE.			
19. GROOM'S SIGNATURE		20. BRIDE'S SIGNATURE	
21a. SUBSCRIBED TO AND SWORN TO BEFORE ME ON Month Day Year		22a. SUBSCRIBED TO AND SWORN TO BEFORE ME ON Month Day Year	
21b. SIGNATURE OF ISSUING OFFICER / NOTARY		21c. TITLE	22c. TITLE
23. THIS LICENSE AUTHORIZES THE MARRIAGE IN THIS STATE OF THE PARTIES NAMED ABOVE BY ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY UNDER THE LAWS OF THE STATE OF NEBRASKA.			
24a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON (Mo., Day, Yr.)		24b. WHERE MARRIED — CITY, TOWN OR LOCATION	24c. COUNTY
24d. PERSON PERFORMING CEREMONY (Signature)		24e. TITLE	
24f. FULL MAILING ADDRESS OF PERSON PERFORMING CEREMONY			
25a. WITNESS TO CEREMONY (Signature)		25b. WITNESS TO CEREMONY (Signature)	
25c. FULL MAILING ADDRESS OF WITNESS		25d. FULL MAILING ADDRESS OF WITNESS	
26a. COUNTY CLERK OR TRIBAL COURT MAKING RETURN TO VITAL STATISTICS SECTION			26b. DATE FILED WITH COUNTY CLERK OR TRIBAL COURT

CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD

35. Groom's Social Security Number: _____
36. Bride's Social Security Number: _____

GROOM	RACE — GROOM Specify (e.g., White, Black, American Indian, etc.)	NO. OF THIS MARRIAGE Specify (First, Second, etc.)	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY DEATH, DISSOLUTION OR ANNULMENT (Specify)	DATE (Mo., Day, Yr.)	EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12)	College (1-4 or 5+)
	27.	28.	29a.	29b.	30.	
BRIDE	RACE — BRIDE Specify (e.g., White, Black, American Indian, etc.)	NO. OF THIS MARRIAGE Specify (First, Second, etc.)	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY DEATH, DISSOLUTION OR ANNULMENT (Specify)	DATE (Mo., Day, Yr.)	EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12)	College (1-4 or 5+)
	31.	32.	33a.	33b.	34.	

(This marriage shall not be valid unless such certificate is used within one year from the date of issuance.)
All copies of this license and certificate of marriage must be returned to the county clerk or tribal court within 15 days after the marriage.