CARSON CITY, NEVADA

MARRIAGE LICENSE APPLICATION - CLERK-RECORDER'S OFFICE

885 E. Musser Street, #1025, Carson City, NV 89701 / 775-887-2084

PARTY 1		
First	Middle	
Last		Suffix
SSN / OTHER ID#		
Name after marriage (last, first, middle) *(Optional)*		
Residence *(city or town)*	Residence *(State or Country)*	
Date of Birth	Birth City and State or Country	
Parent 1 / Guardian Name: (first, middle, last)	Parent/Guardian Birth State or Country	
Parent 2 / Guardian Name (first, middle last) (maiden name)	Parent/Guardian Birth State or Country	
Marriage Number (1st, 2nd, etc)	Last Marriage Ended by: ☐ Widow ☐ Divorced ☐ Annulment	
Final Date Marriage Ended: (Mo/Day/Year)	County & State Where Divorce Ended:	

PARTY 2		
First	Middle	
Last		Suffix
SSN / OTHER ID#		
Name after marriage (last, first, middle) *(Optional)*		
Residence *(city or town)*	Residence *(State or Country)*	
Date of Birth	Birth City and State or Country	
Parent 1 / Guardian Name: (first, middle, last)	Parent/Guardian Birth State or Country	
Parent 2 / Guardian Name (first, middle last) (maiden name)	Parent/Guardian Birth State or Country	
Marriage Number (1st, 2nd, etc)	Last Marriage Ended by: ☐ Widow ☐ Divorced ☐ Annulment	
Final Date Marriage Ended: (Mo/Day/Year)	County & State Where Divorce Ended:	

Mailing Address: _____

Street Address City State Zip Code

Contact Telephone or Cell: _____

Email Address: _____