| Today's Date   | day's Date N             |                  | Marriage Date |               | License Exp. Date  |                              |              | \$50.00 Fee Paid                  |                 |                  |
|--|--------------------------|------------------|---------------|---------------|--|------------------------------|--------------|-----------------------------------|-----------------|------------------|
| Name of Church   |                          |                  |               |               |  |                              |              |                                   |                 |                  |
| Name and Phone # of Perso  | n                        |                  |               |               |  |                              |              |                                   |                 |                  |
| Performing the Ceremony  |                          |                  |               | <del></del>   |  |                              |              |                                   |                 |                  |
| <i>y</i>   |                          |                  |               | <del></del>   |  |                              |              |                                   |                 |                  |
| Spouse One/Groom   |                          | Spouse Two/Bride |               |               |  |                              |              |                                   |                 |                  |
| Name (First) (Middle) (Last)   |                          |                  |               |               |  | Name (First) (Middle) (Last) |              |                                   |                 |                  |
|  |                          |                  |               |               |  |                              |              |                                   |                 |                  |
| Sex Date of Birth  |                          |                  | Ag            | Age           |  | Date of Birt                 | irth         |                                   | Age             |                  |
|  |                          |                  |               |               |  |                              |              |                                   |                 |                  |
| Birthplace (State or Country)  | Grade School High School |                  | College       | Birthplace (S | ate or Country)  |                              | Grade School | High School                       | College         |                  |
| ,  | 12345678                 | 1 2 3 4          | 1 2 3 4 5+    | . ,           | ·  | ,                            | 12345678     | 1 2 3 4                           | 1 2 3 4 5+      |                  |
| Residence (No. and Street)   |                          |                  |               |               | Residence (No. and Street)                                       |                              |              |                                   |                 |                  |
| 1. 100 distribution of the control o |                          |                  |               |               | 1100.001.00 (1   | to: and oncor,               |              |                                   |                 |                  |
| City or Town County State  |                          |                  |               | Ctoto         | City or Town   |                              |              | County State                      |                 |                  |
| County   |                          |                  |               | State         | City of Town   |                              |              | County                            |                 |                  |
|  | -                        |                  |               |               |  |                              | - 15         |                                   |                 |                  |
| Do you have a guardian or conservator? ☐ Yes ☐ No  |                          |                  |               |               | Do you have a guardian or conservator? ☐ Yes ☐ No                |                              |              |                                   |                 |                  |
|  |                          |                  |               |               |  |                              |              |                                   |                 |                  |
| Father's Name (First, Last)  |                          |                  |               |               | Father's Name (First, Last)                                      |                              |              |                                   |                 |                  |
|  |                          |                  |               |               |  |                              |              |                                   |                 |                  |
| Mother's Name (First, Maiden Last)   |                          |                  |               |               | Mother's Name (First, Maiden Last)                               |                              |              |                                   |                 |                  |
|  |                          |                  |               |               |  |                              |              |                                   |                 |                  |
| Father's Birthplace (State or Foreign Mother's Birthplace (State of State o |                          |                  | e or Foreign  |               |  |                              |              | er's Birthplace (State or Foreign |                 |                  |
| Country)   | Country)                 |                  |               | Country)      |  |                              | Country)     |                                   |                 |                  |
|  |                          |                  |               |               |  |                              |              |                                   |                 |                  |
| No. of this No. of Civil If previously in Marriage or Civil Union, Last Relationship   |                          |                  |               |               | No. of this  | No. of Civil                 |              | ously in Marriage or 0            | Civil Union, La | ast Relationship |
| Marriage Unions was  |                          |                  |               |               | Marriage<br>1 2 3 4  | Unions<br>0 1 2 3            | was          |                                   |                 |                  |
| ☐ Marriage ☐ Civil Union   |                          |                  |               |               | ☐ Marriage ☐ Civil Union   |                              |              |                                   |                 |                  |
| Last Relationship Ended By:  Death Dissolution Annulment   |                          |                  |               |               | Last Relationship Ended By:  ☐ Death ☐ Dissolution ☐ Annulment   |                              |              |                                   |                 |                  |
| Death   Dissolution   Annulment  |                          |                  |               |               | Death   Dissolution   Affidiment                                 |                              |              |                                   |                 |                  |
| ☐ Previous Civil Union did not End. Marrying Civil Union Partner   |                          |                  |               |               | ☐ Previous Civil Union did not End. Marrying Civil Union Partner |                              |              |                                   |                 |                  |
| Social Security #  |                          |                  |               |               | Social Security #  |                              |              |                                   |                 |                  |
| <u> </u>   |                          |                  |               |               | 223.3. 20341   | · <i>y</i> ··                |              |                                   |                 |                  |
|  |                          |                  |               |               |  |                              |              |                                   |                 |                  |
| Phone #  |                          |                  |               |               | Phone #  |                              |              |                                   |                 |                  |