

STONE COUNTY BOARD OF SUPERVISORS

Post Office Drawer 7 / 323 East Cavers Avenue Wiggins, Mississippi 39577 TELEPHONE: (601) 928-5266

TODAY'S DATE: MM/DD/YYYY//	/
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MARRIAGE LICENSE APPLICATION

Full Name:								
	First		Middle		Last	Dr/Jr/Sr		
Last Name (Prior to 1st Marriage) If Applicable:								
Current Address:								
City	State		County		Zip code			
Gender (M/F)	Race		Age		Birthdate: MM/DD/YYYY			
Place of Birth City:					State:			
Telephone Home:			Cell:					
Number of Previous Marriages:			(If 1 of more you must answer Both A& B)					
A: Last Marriage	Divorce:		Death:		Annulment:			
Ended:								
B. Date Marriage	Month:		Day:		Year:			
Ended:								
Applicant's Occupation:								
Education: (Mark Highest Completed)								
	8 th Grade – or Less				9 th Grade – 1	2 th Grade		
	High School Graduate of							
	GED							
	Some College/ No Degree				Associates Degreed			
	Bachelor's Degree				Master's Degree			
	Doctorate				Unknown			
IF you are under 21 years of age, answer the following:								
Father's Full Name:								
Current Address:								
Mothers Full Name:								
Current Address:								