



State of Illinois
Illinois Department of Public Health

STATE OF ILLINOIS
MARRIAGE APPLICATION AND RECORD

STATE FILE NUMBER

TYPE / PRINT
IN
PERMANENT
BLACK INK

☐ GROOM
☐ BRIDE
☐ SPOUSE **A**

| | | | |
|--|----------|---|--|
| COUNTY Knox County | | LICENSE NUMBER | |
| 1a. NAME FIRST MIDDLE LAST | | 1b. LAST NAME ON BIRTH CERTIFICATE | |
| 2a. RESIDENCE — STREET AND NUMBER OR R.F.D. | | 2b. CITY, TOWN, TWP., OR ROAD DIST. NO. | 2c. COUNTY |
| 2d. STATE | | | |
| 3a. DATE OF BIRTH (MONTH, DAY, YEAR) | 3b. AGE | 3c. SEX | 3d. BIRTHPLACE (STATE OR FOREIGN COUNTRY) |
| 4. SOCIAL SECURITY NUMBER * * * - * * - * * * | | 5. USUAL OCCUPATION | |
| 6a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE) | | 6b. ADDRESS | |
| 6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | | |
| 7a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE) | | 7b. ADDRESS | |
| 7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | | |
| 8a. NAME FIRST MIDDLE LAST | | 8b. LAST NAME ON BIRTH CERTIFICATE | |
| 9a. RESIDENCE — STREET AND NUMBER OR R.F.D. | | 9b. CITY, TOWN, TWP., OR ROAD DIST. NO. | 9c. COUNTY |
| 9d. STATE | | | |
| 10a. DATE OF BIRTH (MONTH, DAY, YEAR) | 10b. AGE | 10c. SEX | 10d. BIRTHPLACE (STATE OR FOREIGN COUNTRY) |
| 11. SOCIAL SECURITY NUMBER * * * - * * - * * * | | 12. USUAL OCCUPATION | |
| 13a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE) | | 13b. ADDRESS | |
| 13c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | | |
| 14a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE) | | 14b. ADDRESS | |
| 14c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | | |

☐ GROOM
☐ BRIDE
☐ SPOUSE **B**

AFFIDAVIT

MARRIAGE
RECORD



INFORMATION FOR STATISTICAL PURPOSES ONLY

| RACE | EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) | NUMBER OF THIS MARRIAGE | IF PREVIOUSLY ENTERED INTO A MARRIAGE/CIVIL UNION — LAST MARRIAGE/ CIVIL UNION ENDED BY DEATH, DISSOLUTION OR INVALIDITY OF MARRIAGE/CIVIL UNION | | | |
|--|--|--|---|--|------------------------------------|---|
| SPECIFY (E.G., WHITE, BLACK, AMERICAN INDIAN) | ELEMENTARY OR SECONDARY (0-12) | COLLEGE (1-4 OR 5+) | FIRST, SECOND, ETC. (SPECIFY) | SPECIFY HOW | SPECIFY WHEN (MONTH, DAY, YEAR) | SPECIFY WHERE (COUNTY AND STATE [ABBREVIATED]) |
| GROOM/BRIDE/ SPOUSE A | 28. | 29. | 30a. | 30b. | 30c. | 30d. |
| GROOM/BRIDE/ SPOUSE B | 31. | 32. | 33a. | 33b. | 33c. | 33d. |
| 34. OF HISPANIC ORIGIN? SPECIFY NO OR YES. IF YES, SPECIFY. (E.G., CUBAN, MEXICAN, PUERTO RICAN) | | 34a. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: | | 34b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: | | |