

**MARRIAGE LICENSE APPLICATION**

Pursuant to 25 CFR 11.600(c) "Marriages," please complete the following: (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

If you were previously married, please provide the following:

■ If the marriage was dissolved or declared invalid, provide the date, place and court in which the marriage was dissolved or declared invalid: \_\_\_\_\_  
\_\_\_\_\_

■ If your former spouse is deceased, provide the name of your former spouse, and the date and place of death: \_\_\_\_\_  
\_\_\_\_\_

Are you related to your fiancé(e)? \_\_\_ Y \_\_\_ N If so, how? \_\_\_\_\_

Blood test performed? \_\_\_ Y \_\_\_ N Blood test attached? \_\_\_ Y \_\_\_N

List the name and date of birth of any child of which both parties are parents, born before the making of this application, unless your relationship with the child has been terminated by a court:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Continue on separate sheet if necessary)

Are certificates of the results of any medical examination attached? (If required by either application of tribal ordinance, or the laws of the State) \_\_\_ Y \_\_\_N

(Continued on next page)

If you are under the age of 18, please complete the following:

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Address: \_\_\_\_\_

Consent Affidavit Attached? \_\_\_ Y \_\_\_N

\_\_\_\_\_

Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_

Court Clerk

PRIVACY ACT NOTICE

This information is subject to the Privacy Act.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to assist eligible Indian individuals to obtain a marriage license. You are not required to respond to this collection of information unless it displays a current and valid OMB control number. This information will be used to determine the jurisdictional authority of the Court of Indian Offenses and the eligibility of the applicant for a marriage license. Voluntary and complete responses to the requests for information are required in order to obtain the license or decree requested. Public reporting burden for each form is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to: Information Collection Clearance Officer – Indian Affairs, Office of Regulatory Affairs and Collaborative Action, Office of Regulatory Affairs and Collaborative Action, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104, or [raca@bia.gov](mailto:raca@bia.gov).