

PARTY ONE:

Legal Name: _____

First Middle Name Last Suffix

Address: _____

Number/Street City State/ Zip

Birth Date: ____/____/____ Sex (check one): Male Female Last name at birth if different (opt): _____

Social Security Number: _____ City&State of Birth: _____

Parent/Legal Guardian: _____ City&State: _____

First Middle Name Last

Parent/Legal Guardian: _____ City&State: _____

First Middle Name Last

Present Marital/Union Status (check one): Single Widowed Divorced/Dissolved Married Civil Union

If Divorced/Dissolved/Widowed Date: ____/____/____ City&State: _____ Type of Court: _____

Previous spouse/partner name: _____

Proof of Age: (check one) Valid Drivers License Passport Birth Certificate Other (specify) _____

PARTY TWO:

Legal Name: _____

First Middle Name Last Suffix

Address: _____

Number/Street City State/Zip

Birth Date: ____/____/____ Sex (check one): Male Female Last name at birth if different (opt): _____

Social Security Number: _____ City&State of Birth: _____

Parent/Legal Guardian: _____ City&State: _____

First Middle Name Last

Parent/Legal Guardian: _____ City&State: _____

First Middle Name Last

Present Marital/Union Status (check one): Single Widowed Divorced/Dissolved Married Civil Union

If Divorced/Dissolved/Widowed Date: ____/____/____ City&State: _____ Type of Court: _____

Previous spouse/partner name: _____

Proof of Age: (check one) Valid Drivers License Passport Birth Certificate Other (specify) _____

Are the applicants related by blood? Y or N If "yes", how? _____

OATH: We the undersigned hereby make application for a license to unite in civil union and under oath we state that the information given is true and correct to the best of our knowledge, that neither applicant is under legal guardianship, or have provided written consent or judicial order, and believe that there exists no reason why we should not be joined in civil union.

PARTY ONE Signature: _____ **PARTY TWO Signature:** _____

Subscribed and affirmed, or sworn to, before me this ____ day of _____, 20__ at ____ m.

By: _____ (seal)
County Clerk and Recorder Deputy County Clerk

Type of Ceremony (check one): Religious Civil Self **Date of Ceremony:** _____

Return Mail Address _____ Registration Info _____