



Clerk of the Circuit Court & Comptroller

Office of Gary J. Cooney, Clerk & Comptroller

P.O. Box 7800 • 550 W. Main St. • Tavares, FL 32778-7800 • www.LakeCountyClerkFL.gov

MARRIAGE LICENSE INFORMATION SHEET

SPOUSE 1 INFORMATION:

Full Name: _____
Home Phone: _____ Cell or Work Phone: _____
Date of birth (mmddyyyy): _____ Birthplace (state or foreign country): _____
Race: ☐ White ☐ Black ☐ Hispanic ☐ American Indian ☐ Asian ☐ Other
You presently reside in: City: _____ State: _____ Country: _____
Number of this Marriage: _____ Last marriage ended in: ☐ Divorce ☐ Death ☐ Annulment
Last marriage ended on: Month: _____ Day: _____ Year: _____
Maiden Name (if applicable): _____

SPOUSE 2 INFORMATION:

Full Name: _____
Home Phone: _____ Cell or Work Phone: _____
Date of birth (mmddyyyy): _____ Birthplace (state or foreign country): _____
Race: ☐ White ☐ Black ☐ Hispanic ☐ American Indian ☐ Asian ☐ Other
You presently reside in: City: _____ State: _____ Country: _____
Number of this Marriage: _____ Last marriage ended in: ☐ Divorce ☐ Death ☐ Annulment
Last marriage ended on: Month: _____ Day: _____ Year: _____
Maiden Name (if applicable): _____

Please provide an address where you would like a certified copy mailed after you are married:

Street/Mailing Address: _____
City: _____ State: _____ Zip: _____

✂ Cut here / Destroy after use

Spouse 1 SSN: _____ Spouse 2 SSN: _____

REQUIRED PREMARITAL STATEMENT

(F.S. §741.04)

We the undersigned, hereby state (check the appropriate statements):

1. ☐ We have completed a premarital preparation course together.
☐ We did not complete a premarital preparation course by a registered provider.
2. ☐ We have obtained and read or otherwise accessed the information contained in The Florida Law Handbook or other electronic media presentation of the rights and responsibilities of parties to a marriage specified in F.S. 741.0306.
3. ☐ We understand that all fees are non-refundable and a duplicate or amended marriage license will cost an additional \$30.00.
4. ☐ We have common child(ren) born in Florida. (Pursuant to SB 694, if the answer is yes, the applicants must complete Form DH 743A).

Spouse Signature

Spouse Signature

Printed Name

Printed Name

STATE OF FLORIDA
COUNTY OF LAKE

Sworn to or affirmed and subscribed before me by means of ☐ physical presence or
☐ online notarization this _____ day of _____, 20_____,
by _____ (Name of Person Signing).

NOTARY PUBLIC or DEPUTY CLERK

(Print, type, or stamp commissioned name of notary or clerk.)

☐ Personally known or ☐ Produced identification of _____.