

Marriage Pre-Application Information Form

Please complete the following information which is required to process your marriage license. Your Social Security number is required by FSS #741.04. Information noted with an * is required by vital statistics and will not be recorded.

<<<Please **Print** Your Information Clearly.>>>

Groom Information:

1a. First Name:	1b. Middle Name:	1c. Last Name:
2a. City or Town You Currently Reside In:	2b. County You Currently Reside In:	2c. State or Country You Currently Reside In:
3a. Date of Birth (Month/Day/Year): _____/_____/_____	3b. State or Country of Birth:	4. Social Security Number: _____-_____-_____
5. *Race (please check one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	6a. Daytime Phone Number (area code+ number): (_____) _____ - _____ 6b. Evening Phone Number (if different than 6a): (_____) _____ - _____	
7a. *Number of this marriage: _____ Enter '1' for first marriage and skip 7b and 7c.	7b. *If previously married, enter date ended (Month/Day/Year): _____/_____/_____	7c. *If previously married, check how ended: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment

Bride Information:

8a. First Name:	8b. Middle Name:	8c. Last Name (as stated on current ID):
		8d. Maiden Name (if different than 8c):
9a. City or Town You Currently Reside In:	9b. County You Currently Reside In:	9c. State or Country You Currently Reside In:
10a. Date of Birth (Month/Day/Year): _____/_____/_____	10b. State or Country of Birth:	11. Social Security Number: _____-_____-_____
12. *Race (please check one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	13a. Daytime Phone Number (area code+ number): (_____) _____ - _____ 13b. Evening Phone Number (if different than 13a):(_____) _____ - _____	
14a. *Number of this marriage: _____ Enter '1' for first marriage and skip 14b and 14c.	14b. *If previously married, enter date ended (Month/Day/Year): _____/_____/_____	14c. *If previously married, check how ended: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment

General Information:

15a. Current Mailing Address - Street:	15b. Mailing City:	15c. Mailing State:	15d. Mailing Zip Code:
16. Cell Phone Number: (_____) _____ - _____	17. Wedding Date (Month/Day/Year): _____/_____/_____	18. E-Mail Address:	

Please send this form (along with a copy of both of your driver's licenses or passports) back to us by postal mail or e-mail attachment at:

Tropical Miami Beach Weddings
Attn: Monique N. Gilbert
1701 N.E. 115 Street, Suite 22
Miami, FL 33181-3165

or

Monique@TropicalMiamiBeachWeddings.com