

# Same-Sex 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.>>>

## Spouse #1 Information:

1a. First Name:	1b. Middle Name:	1c. Last Name (as stated on current ID):
2. Gender (please check one): <input type="checkbox"/> Male <input type="checkbox"/> Female		1d. Maiden Name (if different than 1c):
3a. City or Town You Currently Reside In:	3b. County You Currently Reside In:	3c. State or Country You Currently Reside In:
4a. Date of Birth (Month/Day/Year): _____/_____/_____	4b. State or Country of Birth:	5. Social Security Number: _____-_____-_____
6. *Race (please check one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	7a. Daytime Phone Number (area code+ number): (_____) _____ - _____ 7b. Evening Phone Number (if different than 7a): (_____) _____ - _____	
8a. *Number of this marriage: _____ Enter '1' for first marriage and skip 8b and 8c.	8b. *If previously married, enter date ended (Month/Day/Year): _____/_____/_____	8c. *If previously married, check how ended: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment

## Spouse #2 Information:

9a. First Name:	9b. Middle Name:	9c. Last Name (as stated on current ID):
10. Gender (please check one): <input type="checkbox"/> Male <input type="checkbox"/> Female		9d. Maiden Name (if different than 1c):
11a. City or Town You Currently Reside In:	11b. County You Currently Reside In:	11c. State or Country You Currently Reside In:
12a. Date of Birth (Month/Day/Year): _____/_____/_____	12b. State or Country of Birth:	13. Social Security Number: _____-_____-_____
14. *Race (please check one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	15a. Daytime Phone Number (area code+ number): (_____) _____ - _____ 15b. Evening Phone Number (if different than 15a): (_____) _____ - _____	
16a. *Number of this marriage: _____ Enter '1' for first marriage and skip 16b and 16c.	16b. *If previously married, enter date ended (Month/Day/Year): _____/_____/_____	16c. *If previously married, check how ended: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment

## General Information:

17a. Current Mailing Address - Street:	17b. Mailing City:	17c. Mailing State:	17d. Mailing Zip Code:
18. Cell Phone Number: (_____) _____ - _____	19. Wedding Date (Month/Day/Year): _____/_____/_____	20. 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**