



APPLICATION FOR MARRIAGE LICENSE, _____ COUNTY, TEXAS

The form and content of this application is prescribed by section 2.004 of the Texas Family Code.
WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Form for Applicant One with fields: First Name, Middle Name, Current Last Name, Suffix, Woman's Maiden Name (If Applicable), Telephone Number, Street Address, City, State, Zip, Date of Birth, Place of Birth (including city, county and state), Social Security Number.

I have not been divorced within the last 30 days. [] TRUE [] FALSE

I am not presently married. [] TRUE [] FALSE

I am not presently delinquent in the payment of court ordered child support.

[] TRUE [] FALSE

The other applicant is not presently married [] TRUE [] FALSE

I am not related to the other applicant as: [] TRUE [] FALSE

- an ancestor or descendant, by blood or adoption;
• a brother or sister, of the whole or half blood or by adoption;
• a parent's brother or sister, of the whole or half blood or by adoption;
• a son or daughter of a brother or sister, of the whole or half blood or by adoption;
• a current or former stepchild or stepparent; or
• a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

[] I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

I solemnly swear (or affirm) that the information I have given in this application is correct _____
Applicant's Signature and Date Signed

Form for Applicant Two with fields: First Name, Middle Name, Current Last Name, Suffix, Woman's Maiden Name (If Applicable), Telephone Number, Street Address, City, State, Zip, Date of Birth, Place of Birth (including city, county and state), Social Security Number.

I have not been divorced within the last 30 days. [] TRUE [] FALSE

I am not presently married. [] TRUE [] FALSE

I am not presently delinquent in the payment of court ordered child support.

[] TRUE [] FALSE

The other applicant is not presently married [] TRUE [] FALSE

I am not related to the other applicant as: [] TRUE [] FALSE

- an ancestor or descendant, by blood or adoption;
• a brother or sister, of the whole or half blood or by adoption;
• a parent's brother or sister, of the whole or half blood or by adoption;
• a son or daughter of a brother or sister, of the whole or half blood or by adoption;
• a current or former stepchild or stepparent; or
• a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

[] I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

I solemnly swear (or affirm) that the information I have given in this application is correct _____
Applicant's Signature and Date Signed

Mail Executed License To (Street/P.O. Box, City, State, Zip) _____

For County Clerk Office Use Only

Form for County Clerk Office Use Only with fields: Subscribed and sworn to before me, or I certified that the applicant did not appear personally but the prerequisites for the license have been fulfilled by §2.007 of the Texas Family Code on _____, 20____ at _____ am/pm; County Clerk _____ County, Texas. Ceremony Performed By _____; By _____ Deputy Date of Marriage _____ County/Place of Marriage _____; Applicant One Identification Type (ID & Age) _____ License Number _____; Applicant Two Identification Type (ID & Age) _____ Volume _____ Page _____

Helpful Information About Marriage

Pre-Marital Counseling:

For a list of certified counselors, go to:

www.twogetherintexas.com

House Bill 984 HIV / AIDS INFORMATION

Family Code Sec. 2.009(c)(4)

English: "HIV / AIDS Information for persons applying for a marriage license in Texas can be found at www.dshs.state.tx.us/hivtest/. If you do not have Internet access, call 512-533-3000 to request a free print copy of this information."

Spanish: "Informacion sobre el VIH / SIDA para las personas que solicitan una licencia de matrimonio en Texas se puede encontrar en www.dshs.state.tx.us/hivtestesp/. Si usted no tiene acceso a Internet, llame al 512-533-3300 para solicitar una copia gratuita de esta informacion."

Senate Bill 355 Premarital Education Handbook (Family Code Sec. 2.014 (c))

Premarital Education Information can be found at www.oag.state.tx.us.

Click on Child Support tab

Click on Publications tab

Scroll down to: Marriage & Parenting