Deputy Clerk

APPLICATION FOR MARRIAGE LICENSE

We_ TYPE FIRST MIDDLE LAST	of TYPE FULL PHYSICAL ADDRESS & ZIP
(no abbreviations)	(Permanent Residence)
and BRIDES FIRST MIDDLE LAST NAME	of FULL PHYSICAL ADDRESS WITH ZIP (Permanent Residence)
do hereby apply for and request that a marriag	ge license be granted us to enter into marriage in
ST. THOMAS . Virgin Islands. a	and we do further respectfully represent that the
following statements are true and correct:	
MALE	FEMALE
Full Name TYPE FIRST MIDDLE LAST	FIRST MIDDLE LAST
SS No. TYPE NUMBER	TYPE NUMBER
Date of Birth MONTH (type out) DAY YEAR	MONTH(type out) DAY YEAR
Place of Birth CITY AND STATE	CITY AND STATE
Nationality AMERICAN, GERMAN, WHATEVER	AMERICAN, GERMAN, WHATEVER
Usual Residence CITY & STATE APPLIES	CITY AND STATE APPLIES
Parents: Present Name FATHERS FIRST MIDDLE LAST	FATHERS FIRST MIDDLE LAST
Maiden Name MOTHERS FIRST MIDDLE MAIDEN	MOTHERS FIRST MIDDLE MAIDEN
Place of Birth FATHER STATE/MOTHER STATE	FATHER STATE/MOTHER STATE
Previous Marital Status ARE YOU SINGLE, DIVORCED OR WIDOWED? Related to other Applicant? YES OR NO	D ARE YOU SINGLE, DIVORCED OR WIDOWED? YES OR NO
In what degree? NA OR IF YES, HOW?	NA OR IF YES, HOW?
Signature Sign your mame	Sign your name,
□PLEASE CHECK THIS BOX IF YOU ARE REQUESTING EXEMPTION TO THE EIGHT-DAY POSTING REQUIREMENT EXPLAINED IN THE ATTACHED MARRIAGE INFORMATION FACT SHEET.	THE COURT, HAVING REVIEWED THIS APPLICATION
WE ARE REQUESTING EXEMPTION BECAUSE OF THE FOLLOWING SPECIAL CIRCUMSTANCES:	
	JUDGE
Subscribed and sworn to by each of the parties this License issued this day of Filed this day of	day of
	Clerk of the Territorial Court
	Dec.