

**State of Nebraska
Department of Health and Human Services Finance and Support
VITAL STATISTICS**

**LICENSE AND CERTIFICATE OF MARRIAGE
(Application and Return)**

Rev. 9-97

TYPE ONLY

SEE INSTRUCTIONS

1. COUNTY OF _____		Department of Health and Human Services Finance and Support VITAL STATISTICS			
2. LICENSE NO. _____					
3. GROOM — NAME		FIRST	MIDDLE	LAST	4. AGE _____
5a. USUAL RESIDENCE—STREET & NUMBER—RURAL ROUTE		5b. INSIDE CITY LIMITS (Specify yes or no)		5c. CITY, TOWN OR LOCATION AND STATE (Include zip)	
5d. COUNTY _____		6. OCCUPATION		7. BIRTHPLACE (City and state or foreign country)	
8. DATE OF BIRTH (Mo., Day, Yr.) _____		9a. FATHER — NAME		9b. BIRTHPLACE (City and state or foreign country)	
10a. MOTHER — FULL MAIDEN NAME		10b. BIRTHPLACE (City and state or foreign country)			
11a. BRIDE — NAME		FIRST	MIDDLE	LAST	12. AGE _____
11b. MAIDEN NAME (if different)		13a. USUAL RESIDENCE—STREET & NUMBER—RURAL ROUTE		13b. INSIDE CITY LIMITS (Specify yes or no)	
13c. CITY, TOWN OR LOCATION AND STATE (Include Zip)		13d. COUNTY _____			
14. OCCUPATION		15. BIRTHPLACE (City and state or foreign country)		16. DATE OF BIRTH (Mo., Day, Yr.) _____	
17a. FATHER — NAME		17b. BIRTHPLACE (City and state or foreign country)			
18a. MOTHER — FULL MAIDEN NAME		18b. BIRTHPLACE (City and state or foreign country)			
WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE AS OF THE DATE OF THIS LICENSE.					
19. GROOM'S SIGNATURE			20. BRIDE'S SIGNATURE		
21a. SUBSCRIBED TO AND SWORN TO BEFORE ME ON Month Day Year			22a. SUBSCRIBED TO AND SWORN TO BEFORE ME ON Month Day Year		
21b. SIGNATURE OF ISSUING OFFICER / NOTARY		21c. TITLE		22b. SIGNATURE OF ISSUING OFFICER / NOTARY	
21d. _____		21e. _____		22c. TITLE	
21f. _____		21g. _____		22d. _____	
23. THIS LICENSE AUTHORIZES THE MARRIAGE IN THIS STATE OF THE PARTIES NAMED ABOVE BY ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY UNDER THE LAWS OF THE STATE OF NEBRASKA.					
24a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON (Mo., Day, Yr.)		24b. WHERE MARRIED — CITY, TOWN OR LOCATION		24c. COUNTY	
24d. PERSON PERFORMING CEREMONY (Signature)		24e. TITLE			
24f. FULL MAILING ADDRESS OF PERSON PERFORMING CEREMONY					
25a. WITNESS TO CEREMONY (Signature)		25b. WITNESS TO CEREMONY (Signature)			
25c. FULL MAILING ADDRESS OF WITNESS		25d. FULL MAILING ADDRESS OF WITNESS			
26a. COUNTY CLERK OR TRIBAL COURT MAKING RETURN TO VITAL STATISTICS SECTION				26b. DATE FILED WITH COUNTY CLERK OR TRIBAL COURT	

CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD

35. Groom's Social Security Number: _____
36. Bride's Social Security Number: _____

GROOM	RACE — GROOM	NO. OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		EDUCATION (Specify only highest grade completed)	
	Specify (e.g., White, Black, American Indian, etc.)	Specify (First, Second, etc.)	BY DEATH, DISSOLUTION OR ANNULMENT (Specify)	DATE (Mo., Day, Yr.)	Elementary or Secondary (0-12)	College (1-4 or 5+)
27.		28.	29a.	29b.	30.	
BRIDE	RACE — BRIDE	NO. OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		EDUCATION (Specify only highest grade completed)	
	Specify (e.g., White, Black, American Indian, etc.)	Specify (First, Second, etc.)	BY DEATH, DISSOLUTION OR ANNULMENT (Specify)	DATE (Mo., Day, Yr.)	Elementary or Secondary (0-12)	College (1-4 or 5+)
31.		32.	33a.	33b.	34.	

(This marriage shall not be valid unless such certificate is used within one year from the date of issuance.)
All copies of this license and certificate of marriage must be returned to the county clerk or tribal court within 15 days after the marriage.
Printed with soy ink on recycled paper