

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES - N C VITAL RECORDS

LICENSE NUMBER _____

COUNTY _____

APPLICANT 1

FATHER

MOTHER

1a. NAME FIRST MIDDLE LAST			1b. LAST NAME AT BIRTH (If Different)		1c. GENDER (Optional)
2a. RESIDENCE-STATE		2b. COUNTY		2c. CITY, TOWN, OR LOCATION	
2d. STREET AND NUMBER			3. BIRTHPLACE (COUNTY & STATE)		4a. DATE OF BIRTH (Month, Day Year)
5a. PARENT'S NAME AT PARENT'S BIRTH			5b. STATE OF BIRTH		5c. ADDRESS (If Living) (city & state)
6a. PARENT'S NAME AT PARENT'S BIRTH			6b. STATE OF BIRTH		6c. ADDRESS (If Living) (city & state)
7. RACE (Optional)	8. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify)	9. LAST MARRIAGE ENDED BY (Specify)		9b. DATE MONTH YEAR	10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED
		IF PREVIOUSLY MARRIED		ELEMENTARY (0, 1, 2, 3, 4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)
				COLLEGE (1, 2, 3, 4, or 5)	

APPLICANT 2

FATHER

MOTHER

11a. NAME FIRST MIDDLE LAST			11b. LAST NAME AT BIRTH (If Different)		11c. GENDER (Optional)
12a. RESIDENCE-STATE		12b. COUNTY		12c. CITY, TOWN, OR LOCATION	
12d. STREET AND NUMBER			13. BIRTHPLACE (COUNTY & STATE)		14a. DATE OF BIRTH (Month, Day Year)
15a. PARENT'S NAME AT PARENT'S BIRTH			15b. STATE OF BIRTH		15c. ADDRESS (If Living) (city & state)
16a. PARENT'S NAME AT PARENT'S BIRTH			16b. STATE OF BIRTH		16c. ADDRESS (If Living) (city & state)
17. RACE (Optional)	18. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify)	19. LAST MARRIAGE ENDED BY (Specify)		19b. DATE MONTH YEAR	20. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED
		IF PREVIOUSLY MARRIED		ELEMENTARY (0, 1, 2, 3, 4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)
				COLLEGE (1, 2, 3, 4, or 5)	

DO YOU WISH TO PRE-PAY FOR A CERTIFIED COPY OF YOUR MARRIAGE LICENSE? Yes _____ No _____

If Yes, What Address? _____

The certified copy will be mailed out after the marriage has occurred and the license has been returned to our office.

APPLICANT 1 PHONE NUMBER _____

APPLICANT 2 PHONE NUMBER _____

WHEN STATING YOUR RACE, PLEASE CHOOSE FROM ONE OF THE FOLLOWING RACES LISTED:

- | | |
|-----------------------------|--|
| White..... Wht | Native Hawaiian..... NatHaw |
| Black..... Blk | Guamarian..... Guam |
| African-American..... AfrAm | Chomorro..... Chom |
| American Indian..... AmInd | Samoan..... Samo |
| Alaska Native..... AlaNat | Other Pacific Islander..... OPacIs |
| Asian India..... AsInd | Mexican..... Mexi |
| Chinese..... Chin | Chicano..... Chica |
| Filipino..... Fili | Puerto Rican..... PueRi |
| Japanese..... Japa | Cuban..... Cuba |
| Vietnamese..... Viet | Other Spanish/Hispanic/Latino..... OSpHiLa |
| Other Asian..... Oasi | Other..... Oth |

**NORTH CAROLINA
HALIFAX COUNTY**

AFFIDAVIT OF ELIGIBILITY TO MARRY

Please answer the following questions relative to your capacity to marry under the **GENERAL STATUTES OF NORTH CAROLINA (G.S. 51)**:

1. In what county in North Carolina will the marriage ceremony be performed?
_____ County
2. Are you getting married within 60 days of today's date? Yes ___ No ___
Wedding date _____
3. Are you at this time a legally unmarried person? **APPLICANT 1:** Yes ___ No ___
APPLICANT 2: Yes ___ No ___
4. Are you and your spouse-to-be related and closer kin than first cousins?
Yes ___ No ___
5. Are you now eighteen (18) years of age or older? **APPLICANT 1:** Yes ___ No ___
APPLICANT 2: Yes ___ No ___
6. Do you understand the questions in the application for license to marry made by you on this date and do you swear (or affirm) that the answers you have given in this application are true to the best of your knowledge and belief, so help you God?
APPLICANT 1: Yes ___ No ___ **APPLICANT 2:** Yes ___ No ___

Date _____

Signature of Applicant 1

Signature of Applicant 2

Sworn to and subscribed before me this the ____ day of _____, 20 ____.

Christie C. Avens, Register of Deeds

By: _____,
Assistant/Deputy