

State of Nebraska – Department of Health and Human Services Finance and Support – VITAL RECORDS

MARRIAGE WORKSHEET

GROOM PHONE #:

BRIDE PHONE #:

1. GROOM – Full Name (First, Middle, Last, Suffix)		2. AGE (Current)
3a. COUNTRY (Current)	3b. STATE (Current)	3c. COUNTY (Current)
3d. CITY, TOWN OR LOCATION (Current)	3e. RESIDENCE – Street and Number (Include Apt #) (Current)	3f. ZIP CODE
4. BIRTHPLACE (City and State or Foreign Country)		5. DATE OF BIRTH (Mo., Day, Yr.)
6a. FATHER'S – Full Name (First, Middle, Last, Suffix)		6b. BIRTHPLACE (City and State or Foreign Country)
7a. MOTHER'S – Full Maiden Name (First, Middle, Last, Suffix)		7b. BIRTHPLACE (City and State or Foreign Country)
8a. BRIDE – Full Name (First, Middle, Last, Suffix)		8b. MAIDEN NAME (If different)
9. AGE (Current)		
10a. COUNTRY (Current)	10b. STATE (Current)	10c. COUNTY (Current)
10d. CITY, TOWN OR LOCATION (Current)	10e. RESIDENCE – Street and Number (Include Apt #) (Current)	10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)		12. DATE OF BIRTH (Mo., Day, Yr.)
13a. FATHER'S – Full Name (First, Middle, Last, Suffix)		13b. BIRTHPLACE (City and State or Foreign Country)
14a. MOTHER'S – Full <u>Maiden</u> Name (First, Middle, Last, Suffix)		14b. BIRTHPLACE (City and State or Foreign Country)

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

15a. SOCIAL SECURITY NUMBER - Groom	15b. SOCIAL SECURITY NUMBER - Bride
16. If previously married, last marriage ended either by – Groom: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Date Marriage Ended (Mo., Day, Yr.) _____ Bride : <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Date Marriage Ended (Mo., Day, Yr.) _____	
17a. Is Groom of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	17b. Is Bride of Hispanic or Latina Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No

RACE

18a. Groom	18b. Bride	
Check one or more races to indicate what each person considers him/herself to be		
<input type="checkbox"/>	White	<input type="checkbox"/>
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/>	Asian	<input type="checkbox"/>
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>

The fee for the marriage license is \$15. A certified copy of the marriage license is required in order for the bride to change her last name, e.g. Driver's License, Social Security, etc. The cost of a certified copy is \$5.

Do you want a certified copy sent to you once it is filed in our office? YES NO

Mail certified to: Groom Address Bride Address Other Address: _____