

Marriage License Application Instructions

Lancaster County Clerk - Lincoln, Nebraska

IMPORTANT REMINDERS – Failure to follow the guidelines below may delay the issuance of your marriage license.

1. This document is an **APPLICATION** and not a marriage license.
2. Be sure to submit the following: (1) application; (2) photocopies of unexpired, government-issued photo ID for **both** applicants; and (3) payment (by check or credit/debit card). Acceptable forms of ID include a driver's license, state ID or passport.
3. Due to the confidential information included on the application and IDs, you must mail the documents. Faxed and/or emailed applications will not be accepted.
4. **COMPLETE THE APPLICATION FORM LEGIBLY AND ACCURATELY.**
5. Applicant names should appear as they do on your birth certificate and government-issued photo ID. If you recently had a legal name change which is not reflected on your photo identification, you will need to submit a copy of your court record documenting the name change.
6. Do not abbreviate names. If an applicant or parent only has a middle initial, please note that in the margin nearest the respective box.
7. Do not use P.O. Boxes for a street address.
8. If you recently moved and have not updated your photo ID, enter your current street address on the application – NOT what is on your photo ID.
9. Applicants ages 17 and 18 will need to submit a signed and notarized Minor Consent Form with the application. This form can be found on the County Clerk's website at <https://www.lancaster.ne.gov/595/Marriage-Licenses> or by contacting the Clerk's Office at coclerk@lancaster.ne.gov or 402-441-7484.
10. Include mothers' maiden last names – not married last names.
11. Parents' birth cities and states (or countries) must be included. If you do not know this information, it may be listed on your birth certificate or a relative might be able to assist you. If you are unable to acquire this information, please contact our office at 402-441-7484 for further direction.
12. Include both applicants' telephone numbers. You will only be contacted by our office if we have a question regarding your application.
13. Include both applicants' social security numbers. Enter N/A if you do not have a social security number.
14. If you or your fiancé were previously married, enter the date(s) the most recent marriage(s) ended. If a marriage ended by divorce/dissolution or annulment in the State of Nebraska, there is a six-month waiting period before remarrying.
15. **Fees for the license and certified copy are \$34.00 and must be submitted at the time of application.** You can pay by check (made out to the Lancaster County Clerk) or credit/debit card (a \$1.00 fee will be reflected). If paying by card, fill out the card information at the bottom of the application. **The cardholder's signature must be included.**

IF YOU DO NOT RECEIVE YOUR MARRIAGE LICENSE WITHIN TEN (10) DAYS OF SUBMITTAL, PLEASE CONTACT THE CLERK'S OFFICE AT 402-441-7484.

Contact Info: Lancaster County Clerk
555 S. 10th Street, Room 108
Lincoln, NE 68508
Phone: 402-441-7484
Email: coclerk@lancaster.ne.gov

MARRIAGE LICENSE APPLICATION WORKSHEET - LANCASTER COUNTY, NEBRASKA

IMPORTANT: If this form is not filled out legibly and/or accurately, it may delay the issuance of your marriage license. Submit the application at least three (3) weeks prior to your ceremony. Copies of photo IDs for both applicants must be included. For more information, contact the Clerk's Office at 402-441-7484 or coclerk@lancaster.ne.gov.

1a. APPLICANT #1 - FULL LEGAL NAME		1b. MAIDEN LAST NAME (if applicable)		2. AGE	
3a. COUNTRY OF RESIDENCE		3b. STATE (if applicable)		3c. COUNTY (if applicable)	
3d. CITY, TOWN OR LOCATION		3e. STREET ADDRESS			3f. ZIP CODE
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)				5. DATE OF BIRTH (mm/dd/yyyy)	
6a. FATHER'S FULL LEGAL NAME (First, Middle, Last, Suffix)			6b. BIRTHPLACE (City and State or Foreign Country)		
7a. MOTHER'S FULL LEGAL MAIDEN NAME (First, Middle, Maiden)			7b. BIRTHPLACE (City and State or Foreign Country)		
8a. APPLICANT #2 - FULL LEGAL NAME		8b. MAIDEN LAST NAME (if applicable)		9. AGE	
10a. COUNTRY		10b. STATE (if applicable)		10c. COUNTY (if applicable)	
10d. CITY, TOWN OR LOCATION		10e. STREET ADDRESS			10f. ZIP CODE
11. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)				12. DATE OF BIRTH (mm/dd/yyyy)	
13a. FATHER'S FULL LEGAL NAME (First, Middle, Last, Suffix)			13b. BIRTHPLACE (City and State or Foreign Country)		
14a. MOTHER'S FULL LEGAL MAIDEN NAME (First, Middle, Maiden)			14b. BIRTHPLACE (City and State or Foreign Country)		
APPLICANT #1 - PHONE NUMBER			APPLICANT #2 - PHONE NUMBER		
15a. APPLICANT #1 - SOCIAL SECURITY NUMBER			15b. APPLICANT #2 - SOCIAL SECURITY NUMBER		
16a. If APPLICANT #1 was previously married, last marriage ended by: Death _____ Dissolution _____ Annulment _____ Date previous marriage ended (mm/dd/yyyy) _____ Divorce/Annulment was final in State/Country of _____ OFFICE USE Wait period _____ Verified by _____ (Initials)			16b. If APPLICANT #2 was previously married, last marriage ended by: Death _____ Dissolution _____ Annulment _____ Date previous marriage ended (mm/dd/yyyy) _____ Divorce/Annulment was final in State/Country of _____ OFFICE USE: Wait period _____ Verified by _____ (Initials)		
17a. Is APPLICANT #1 of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			17b. Is APPLICANT #2 of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RACE Check one or more options per applicant: 18a. APPLICANT #1 _____ White _____ Black or African American _____ American Indian or Alaska Native _____ Asian _____ Native Hawaiian or other Pacific Islander			FEES The fee for a marriage license and certified copy is \$34.00. Certified copies will be mailed once the license is returned to the County Clerk's Office following the ceremony. PAYMENT METHOD _____ CHECK (Enclosed - Payable to Lancaster County Clerk) _____ CREDIT/DEBIT CARD (A \$1.00 service fee will be reflected.) Please do NOT send cash through the mail.		
MAIL LICENSE/CERTIFIED COPY TO: ___ Applicant #1 Address ___ Applicant #2 Address ___ Other Name (c/o): _____ Address: _____ City/St/Zip: _____			CREDIT/DEBIT CARD INFORMATION NAME _____ BILLING ADDRESS _____ CITY/STATE/ZIP _____ PHONE NUMBER _____ CARD NO. _____ - _____ - _____ - _____ EXPIRATION DATE (mm/yy) _____ - _____ *CARDHOLDER SIGNATURE (MUST BE INCLUDED): _____		
OFFICE USE ONLY: APPLICANT #1 ID: ___ DL ___ SID ___ PP Other (Type: _____) ID State _____ ID # _____ APPLICANT #2 ID: ___ DL ___ SID ___ PP Other (Type: _____) ID State _____ ID # _____ DATE LICENSE MAILED: _____ BY: _____			*By signing this form, I authorize the Lancaster County Clerk to charge my card.		