

Say I Do Weddings, Inc.
P.O. Box 783922
Winter Garden, FL 34778
Phone: 352-536-2871
Toll Free: 877-SAY-IDOWed
(877-729-4369)

MARRIAGE LICENSE INFORMATION SHEET

Please complete the Request for Marriage License Information below.

GROOM'S INFORMATION

Full name:	
Social Security # or Passport #:	Daytime Phone #:
Date of Birth:	Birthplace: <i>(State or Foreign Country)</i>
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/ Asian <input type="checkbox"/> Other	
You presently reside in: <i>(City)</i> <i>(State or Country)</i> <i>(County, if applicable)</i>	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death
Last marriage ended on: <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>	

BRIDE'S INFORMATION

Full name:	
Social Security # or Passport #:	Daytime Phone #:
Date of Birth:	Birthplace: <i>(State or Foreign Country)</i>
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/ Asian <input type="checkbox"/> Other	
You presently reside in: <i>(City)</i> <i>(State or Country)</i> <i>(County, if applicable)</i>	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death
Last marriage ended on: <i>(Month)</i> <i>(Day)</i> <i>(Year)</i>	
Maiden Name (Name on Birth Certificate):	

ADDRESS AFTER WEDDING CEREMONY TO MAIL OFFICIAL FLORIDA MARRIAGE LICENSE TO:

NAME: _____

STREET ADDRESS: _____

ADDRESS CONT'D: _____

CITY, STATE/PROVINCE, ZIP: _____

COUNTRY: _____

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MARRIAGE LICENSE APPLICATION SHEET CONT'D

GROOM'S INFORMATION:

Full Name: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Best time and number to call: _____

BRIDE'S INFORMATION:

Full Name: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Best time and number to call: _____

ADDITIONAL INFORMATION:

Date of Wedding: _____
Wedding Location: _____
Officiant Performing Ceremony: _____
Wedding Coordinator Name: _____
Coordinator Address: _____

Coordinator Telephone Number: _____
Do you want copy(s) of Marriage License: _____
How many copies: _____
NOTE: Please include \$3.00 per copy requested

EXPRESS MAIL INFORMATION:

STREET ADDRESS: _____
ADDRESS CONT'D: _____
CITY, STATE/PROVINCE, ZIP: _____
COUNTRY: _____
PHONE NUMBER: _____