

Wedding Date: _____

Today's Date: _____

WORKSHEET FOR MARRIAGE LICENSE FOR A SOUTH CAROLINA WEDDING
(Non-Refundable CASH ONLY)

To expedite the marriage license application process, you may email this completed for to the court afogle@calhouncounty.sc.gov at least 24 hours before your appointment to visit the court. If the court receives this form 24 hours prior to your visit, you can take your marriage license with you at your visit. Otherwise, the license will be issued no less than 24 hours after your visit to the court.

PLEASE PRINT NEATLY

GROOM/SPOUSE 1 INFORMATION SSN: _____

CURRENT NAME: _____
(LAST) (FIRST) (MIDDLE) (SUFFIX)

BIRTHDATE _____ AGE: _____ BIRTHPLACE: _____
(STATE OR FOREIGN COUNTRY)

RACE _____ SEX: _____ #OF THIS MARRIAGE _____
(1ST, 2ND, 3RD, 4TH, 5TH, ETC)

RESIDENCE (Street and Number): _____

CITY: _____ COUNTY: _____

STATE OR FOREIGN COUNTRY: _____ ZIP: _____

CURRENT TELEPHONE NUMBER () _____

LAST NAME ON BIRTH CERTIFICATE: _____
(If Different From Current Name)

HAVE YOU EVER BEEN FOUND BY A COURT TO BE MENTALLY INCOMPETENT? YES NO

BRIDE/SPOUSE 2 INFORMATION SSN: _____

CURRENT NAME: _____
(LAST) (FIRST) (MIDDLE) (SUFFIX)

BIRTHDATE _____ AGE: _____ BIRTHPLACE: _____
(STATE OR FOREIGN COUNTRY)

RACE _____ SEX: _____ #OF THIS MARRIAGE _____
(1ST, 2ND, 3RD, 4TH, 5TH, ETC)

RESIDENCE (Street and Number): _____

CITY: _____ COUNTY: _____

STATE OR FOREIGN COUNTRY: _____ ZIP: _____

CURRENT TELEPHONE NUMBER () _____

LAST NAME ON BIRTH CERTIFICATE: _____
(If Different From Current Name)

HAVE YOU EVER BEEN FOUND TO BE MENTALLY INCOMPETENT BY A COURT? YES NO