Wedding Date:	Today's Date:	
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	Name:				
	(FIRST)	(MIDDLE)	(LAST)	(SUFFIX)	
Address:					
Telephone #		SSN:			
Birthdate:		Age:			
State of Birth			County of Birth		
(note country if not USA)					
Race:	Sex:	# of th Marria		TH, ETC)	
Last Name on Birth Certificate if different from			YOU EVER BEEN	☐ YES	
above:		ID BY A COURT	□ NO		
			MENTALLY		
		INCO	MPETENT?		
BRIDE /SPOUSE 2 Name:					
	(FIRST)	(MIDDLE)	(LAST)	(SUFFIX)	
Address:					
Telephone #		SSN:	SSN:		
Birthdate:		Age:	Age:		
State of Birth (note country if not USA)		County	y of Birth		
Race:	Sex:	# of th Marria		TH, ETC)	
Last Name on Birth Ce	rtificate if different fr	om HAVE	YOU EVER BEEN	☐ YES	
above:		FOUN	ID BY A COURT	□ NO	
		TO BE	MENTALLY		
		INCO	MPETENT?		
By signing this form, I certify that the above provided information is true and correct:					
Signature of Groom /Spouse 1		Signat	Signature of Bride / Spouse 2		