STATE OF MARYLAND

CECIL COUNTY

INFORMATION WORKSHEET FOR APPLYING FOR A MARRIAGE LICENSE WHEN GETTING MARRIED IN CECIL COUNTY

PARTY 1 FULL NA	AME: Fir	rst	Middle	Last		
RESIDENCE:				(Full Address inclu	dina Zin Cada	
AGE:				(Full Address Inclu	ang zip Code	
STATE/COUNTR	Y OF BIRTH:					
SOCIAL SECURI	ГҮ NO.:					
MARITAL STATU	S Single					
Divorced o						
		Month	Day	Year	State	
Divorced o	r Widowed					
Divoloca		Month	Day	Year	State	
Divorced o	r Widowed	Manda	Der	Vee	<u>Gt-t</u>	
		Month	Day	Year	State	
PARTY 2 FULL NAME: First		rst	Middle		Last	
RESIDENCE:						
				(Full Address inclue	ling Zip Code	
AGE:						
STATE/COUNTR	Y OF BIRTH:					
SOCIAL SECURI	ГҮ NO.:					
MARITAL STATU	S Single					
Divorced o	r Widowed	Month	Day	Year	Stat	
			2,		Stat	
Divorced of	r Widowed	Month	Day	Year	Stat	
Divorced of	r Widowed	Month Day	,	Year	Stat	

*Add additional page if more than three (3) prior marriages for either party

ANY RELATIONSHIP TO EACH OTHER BY BLOOD OR MARRIAGE: