For Office Use Only: Application No.		Application Date
2 0 - M L -	0 0	- 0 2 0
CTION A:	STAT	<u>TEMENT</u>
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	nd responsibilities of pa	APPLICANT 2 NAME btained and read or otherwise accessed the information contained in the handbook of arties to a marriage specified in Florida Statute 741.0306. We separately or togetherwise.
PLICANT 1 SIGNATURE	DATE	APPLICANT 2 SIGNATURE DATE
LING ADDRESS		CITY/STATE/ZIP
SECTION B: PLEASE PRINT FIRST NAME:		APPLICANT 1 INFORMATION
		DATE OF BIRTH: Month Day Year
MIDDLE NAME:		SOCIAL SECURITY NO:
		PLACE OF BIRTH (STATE/COUNTRY):
LAST NAME:		
		RACE:
SUFFIX: JR, SR, II or III, IF APPLICABLE		ARE YOU A U.S. CITIZEN? YES or NO
MAIDEN NAME:		
CURRENT CITY:	STATE:	COUNTY:
CONTACT PHONE NUMBER:		HAVE YOU EVER BEEN MARRIED? YES or NO
HOW MANY TIMES?	LAST MARRI	IAGE ENDED BY: DIVORCE or ANNULMENT or DEATH
DATE LAST MARRIAGE ENDED: Month	Day Year	
SECTION C: PLEASE PRINT		APPLICANT 2 INFORMATION
FIRST NAME:		DATE OF BIRTH: Month DayYear
MIDDLE NAME:		SOCIAL SECURITY NO:
		PLACE OF BIRTH (STATE/COUNTRY):
LAST NAME:		
SUFFIX: JR, SR, II OR III, IF APPLICABLE		RACE:ARE YOU A U.S. CITIZEN? YES or NO
MAIDEN NAME:		
CLIRRENT CITY:	STATE:	COUNTY:
HAVE YOU EVER BEEN MARRIED?		
LAST MARRIAGE ENDED BY: DIVORCE or		
DATE LAST MARRIAGE ENDED: Month	Day Year	