

State of Nebraska – Department of Health and Human Services Finance and Support – VITAL RECORDS

MARRIAGE WORKSHEET

License is valid ONLY in the state of Nebraska

1. Groom/Applicant 1 - Full Name (First, Middle, Last, Suffix)		NAME AT BIRTH (if different)	2. AGE
3a. COUNTRY	3b. STATE	3c. COUNTY	
3d. CITY, TOWN OR LOCATION	3e. RESIDENCE – Street and Number		3f. ZIP CODE
4. BIRTHPLACE (City and State or Foreign Country)		5. DATE OF BIRTH (Mo., Day, Yr.)	
6a. FATHER'S – Full Name (First, Middle, Last, Suffix)		6b. BIRTHPLACE (City and State or Foreign Country)	
7a. MOTHER'S – Full Name AT BIRTH (First, Middle, Last, Suffix)		7b. BIRTHPLACE (City and State or Foreign Country)	
8a. Bride/Applicant 2 - Full Name (First, Middle, Last, Suffix)		8b. NAME AT BIRTH (If different)	9. AGE
10a. COUNTRY	10b. STATE	10c. COUNTY	
10d. CITY, TOWN OR LOCATION	10e. RESIDENCE – Street and Number		10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)		12. DATE OF BIRTH (Mo., Day, Yr.)	
13a. FATHER'S – Full Name (First, Middle, Last, Suffix)		13b. BIRTHPLACE (City and State or Foreign Country)	
14a. MOTHER'S – Full Name AT BIRTH (First, Middle, Last, Suffix)		14b. BIRTHPLACE (City and State or Foreign Country)	

CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD

15a. SOCIAL SECURITY NUMBER – Groom/Applicant 1	15b. SOCIAL SECURITY NUMBER – Bride/Applicant 2
16. If previously married, last marriage ended either by – Groom/Applicant 1: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Bride/Applicant 2: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment	
Date Marriage Ended (Mo., Day, Yr.) _____ Date Marriage Ended (Mo., Day, Yr.) _____	
17a. Is groom/applicant 1 of Hispanic or Latino Origin?	17b. Is bride/applicant 2 of Hispanic or Latino Origin?

RACE

18a. Groom/Applicant 1

18b. Bride/Applicant 2

Check one or more races to indicate what each person considers him/herself to be

<input type="checkbox"/>	White	<input type="checkbox"/>
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/>	Asian	<input type="checkbox"/>
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>

Fee for the marriage license is \$25. A certified copy of the marriage license is required in order for the applicant to change the last name, e.g. Driver's License, Social Security, etc. The cost of a certified copy is \$9. We accept cash or credit card (portal fee charged for credit card use). Personal checks are not accepted.

Hours for marriage licenses are 8:00 a.m. to 5:00 p.m. Monday through Friday.

Applicant 1 PHONE #:

Applicant 2 PHONE #:

E-mail:

E-mail: