<u>Circuit Clerk's Office</u> Phone – (662) 369-8695 Fax – (662) 369-3684

Courtroom Office: Phone - (662) 369-2732 Fax - (662) 319-5993

Dana L. Sloan Circuit Clerk – Monroe County Post Office Box 843 Aberdeen, MS 39730

MARRIAGE APPLICATION

(Each Applicant must complete a form)

NAME:

LAST FIRST		MIDDLE	SUFFIX MAID	EN
Residence Address:				
City/State/Zip:				
County in which you reside:		Telepho	ne Number:	
Gender:		State where you	were born:	
Age: Date of B	irth:/_ Month	Day Year		
Proof of Age Provided (circle one)	: DL B	C Other:		
Race:				
High Sch	or less rade, no diploma ool Graduate or G Ilege, no degree	ED completed	Associates degree Bachelor's degree Master's degree Doctorate Unknown	
Number of previous marriages (if a	any):			
Did last marriage end by (circle on	e) Death	Divorce	Annulment	
Date of Death/Divorce/Annulment:		/_ Day Year		
Father's Full Name:				
Father's Address:				
Mother's Full Maiden Name:				
Mother's Address:				
Legal Guardian (if other than pare	nts):			
Legal Guardian's Address:				
Employer:			_	