



# RECORD of MARRIAGE

State Form 27553 (R8 / 10-14)  
Indiana State Department of Health  
Prescribed under authority IC 31-11-4-4  
Disclosure of Social Security number required by  
IC 31-11-4-4.  
Information confidential pursuant to IC 16-37-1-10.

Number \_\_\_\_\_

File \_\_\_\_\_

\_\_\_\_\_ County

Expiration Date of License (month, day, year) \_\_\_\_\_

## APPLICANT 1

Name     
First Middle Last

Age  Social Security Number

Place of Birth (State or Foreign Country)

Residence    
County  
 Yes  No  
Street/City/State/ZIP or Street/City/Foreign Country In City Limits?

Sex  Male  Female

Race (may check multiple)  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  Black or African  White  Multiracial

Ethnicity  Hispanic or Latino  Not Hispanic or Latino

Usual Occupation

Education (specify highest grade completed)

Previous Marital Status  Never Married  # of Previous Marriages

Last Marriage Ended By  Death  Divorce  Annulment

Date Last Marriage Ended     
Month Day Year

Full Name of Parent 1 (if adopted, list adoptive parent only)

Birthplace of Parent 1 (state or foreign country)

Full Name of Parent 2 (if adopted, list adoptive parent only)

Birthplace of Parent 2 (state or foreign country)

## DATE & PLACE OF MARRIAGE

Date of Marriage (month, day, year)

City or Town  County

Signature of Applicant 1

Signature of Applicant 2

AIDS Education Acknowledgment Signed?  Yes  No  Object

## APPLICANT 2

Name     
First Middle Last

Age  Social Security Number

Place of Birth (State or Foreign Country)

Residence    
County  
 Yes  No  
Street/City/State/ZIP or Street/City/Foreign Country In City Limits?

Sex  Male  Female

Race (may check multiple)  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  Black or African  White  Multiracial

Ethnicity  Hispanic or Latino  Not Hispanic or Latino

Usual Occupation

Education (specify highest grade completed)

Previous Marital Status  Never Married  # of Previous Marriages

Last Marriage Ended By  Death  Divorce  Annulment

Date Last Marriage Ended     
Month Day Year

Full Name of Parent 1 (if adopted, list adoptive parent only)

Birthplace of Parent 1 (state or foreign country)

Full Name of Parent 2 (if adopted, list adoptive parent only)

Birthplace of Parent 2 (state or foreign country)

## OFFICIANT

Name

Title

Address

Telephone Number ( )  -

## CLERK of COURT

Forward Record of Marriage (State Form 27553) at the close of each calendar month to:  
Indiana State Department of Health, Vital Statistics, B4 99, 2 North Meridian Street, Indianapolis, Indiana 46204

Date of Recording (month, day, year)  Book  Page

Signed  Clerk of  Circuit Court.



State of Indiana  
**MARRIAGE LICENSE**

Number

Application Date (mm/dd/yy)

\_\_\_\_\_ County

Expiration Date (mm/dd/yy)

IC 31-11-4-10, A license to marry shall become null and void unless a marriage is solemnized thereunder within sixty (60) days after its issuance.

<b>Applicant 1</b>	<input type="text"/>
<b>Applicant 2</b>	<input type="text"/>

**Name of Officiant**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>

**Title of Officiant**

**Address of Officiant**

  
*Street or Rural Route*  
    
*City* *State* *ZIP Code*

**Telephone Number of Officiant**  -  Ext.

**Email Address**

Duplicate

I,  Officiant hereby certify that on  Date (mm/dd/yy) at  City in  County County, Indiana,  Applicant 1 of  County or foreign city County,  State or foreign country and  Applicant 2 of  County or foreign city County,  State or foreign Country were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of  County, Indiana, dated .

**Signature of Officiant**

**Signature of Applicant 1**

**Signature of Applicant 2**

**To any person authorized and empowered by the laws of the State of Indiana to solemnize a marriage under IC 31-11-6:** You are hereby authorized to join together in marriage the applicants listed above. This form must be completed by the official solemnizing this marriage. Once completed, this form must be filed in the office of the clerk of the county in which the marriage license was issued within thirty (30) days of the marriage solemnization. This License shall be your sufficient authority given under my signature and seal as clerk of the Circuit Court.

Clerk of the Circuit Court of  County, Indiana,  
 this  day of , 20

Seal

\_\_\_\_\_  
Clerk