



**APPLICATION FOR MARRIAGE LICENSE**  
 State Form 53394 (R6 / 10-21)  
 Indiana Department of Health  
 Prescribed under authority of IC 31-11-4

Number \_\_\_\_\_

File \_\_\_\_\_

County \_\_\_\_\_

Date of Application (month, day, year) \_\_\_\_\_

**APPLICANT 1**

**APPLICANT 2**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Are you now or have you ever been adjudged to be of unsound mind or incompetent? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has the adjudication been removed by court order?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you related to the co-applicant closer than second cousin?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, are you first cousins and over age 65?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a convicted lifetime sex or violent offender?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list county and state in which you were convicted _____                     |                          |                          |

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
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| 5. Are you a convicted lifetime sex or violent offender?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list county and state in which you were convicted _____                     |                          |                          |

**Name**     
First Middle Last

**Date of Birth**     
Month Day Year

**Date of Birth Verified By**  Birth Certificate  Valid Operator License / ID Card  
 Other (specify)

**Place of Birth** (State or Foreign Country)

**Residence**   
Street/City/State/ZIP or Street/City/Foreign Country

**Name**     
First Middle Last

**Date of Birth**     
Month Day Year

**Date of Birth Verified By**  Birth Certificate  Valid Operator License / ID Card  
 Other (specify)

**Place of Birth** (State or Foreign Country)

**Residence**   
Street/City/State/ZIP or Street/City/Foreign Country

**Dependent Children** (list full names of each)

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**Full Name of Parent 1**   
(If adopted, list adoptive parent only.)

**Residence of Parent 1**   
(Last Known. If deceased, so state)  
Street/City/State/ZIP or Street/City/Foreign Country

**Birthplace of Parent 1**   
(state or foreign country)

**Full Name of Parent 2**   
(If adopted, list adoptive parent only.)

**Residence of Parent 2**   
(Last Known. If deceased, so state.)  
Street/City/State/ZIP or Street/City/Foreign Country

**Birthplace of Parent 2**   
(state or foreign country)

**Full Name of Parent 1**   
(If adopted, list adoptive parent only.)

**Residence of Parent 1**   
(Last Known. If deceased, so state)  
Street/City/State/ZIP or Street/City/Foreign Country

**Birthplace of Parent 1**   
(state or foreign country)

**Full Name of Parent 2**   
(If adopted, list adoptive parent only.)

**Residence of Parent 2**   
(Last Known. If deceased, so state.)  
Street/City/State/ZIP or Street/City/Foreign Country

**Birthplace of Parent 2**   
(state or foreign country)

**Acknowledgements:** I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

**Signature of applicant**

**Date (month, day, year)**

**Signature of applicant**

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The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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**Affirmation:** I swear/affirm that the information given in this application is true and correct. I acknowledge that a person who knowingly furnishes false information to a Clerk of the Circuit Court when the person applies for a marriage license under IC 31-11-4 commits a Level 6 felony. I understand that under IC 31-11-8-4 a marriage is void if either party to the marriage was mentally incompetent when the marriage was solemnized.

**Signature of applicant**  Date

Subscribed and sworn to before me this  day of , 20

Clerk of the  Circuit Court

**Signature of applicant**  Date

Subscribed and sworn to before me this  day of , 20

Clerk of the  Circuit Court