



APPLICATION FOR MARRIAGE LICENSE

State Form 53394 (R7 / 3-26)
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"/> |

- | | | |
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If yes, list county and state in which you were convicted _____

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Name
First Middle Last

Name
First Middle Last

Date of Birth
Month Day Year

Date of Birth
Month Day Year

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

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

Place of Birth (State or Foreign Country)

Place of Birth (State or Foreign Country)

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

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

Dependent Children (list full names of each)

Dependent Children (list full names of each)

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

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

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)

Birthplace of Parent 1 (state or foreign country)

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

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

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)

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

Signature of applicant

Date (month, day, year)

Date (month, day, year)

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

Signature of applicant Date

Subscribed and sworn to before me this day of , 20

Subscribed and sworn to before me this day of , 20

Clerk of the Circuit Court

Clerk of the Circuit Court
