



RECORD of MARRIAGE

State Form 27553 (R9 / 12-24)
INDIANA 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		APPLICANT 2	
<p>Name <input style="width: 150px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <small>First Middle Last</small></p> <p>Age <input style="width: 50px;" type="text"/> Social Security Number <input style="width: 150px;" type="text"/></p> <p>Place of Birth (State or Foreign Country) <input style="width: 200px;" type="text"/></p> <p>Residence <input style="width: 250px;" type="text"/> <input style="width: 50px;" type="text"/> <small>County</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Street/City/State/ZIP or Street/City/Foreign Country In City Limits?</small></p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Race <small>(may check multiple)</small> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> White <input type="checkbox"/> Multiracial</p> <p>Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Usual Occupation <input style="width: 200px;" type="text"/></p> <p>Education (specify highest grade completed) <input style="width: 200px;" type="text"/></p> <p>Previous Marital Status <input type="checkbox"/> Never Married <input style="width: 50px;" type="text"/> # of Previous Marriages</p> <p>Last Marriage Ended By <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment</p> <p>Date Last Marriage Ended <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <small>Month Day Year</small></p> <p>Full Name of Parent 1 <small>(if adopted, list adoptive parent only)</small> <input style="width: 250px;" type="text"/></p> <p>Birthplace of Parent 1 <small>(state or foreign country)</small> <input style="width: 250px;" type="text"/></p> <p>Full Name of Parent 2 <small>(if adopted, list adoptive parent only)</small> <input style="width: 250px;" type="text"/></p> <p>Birthplace of Parent 2 <small>(state or foreign country)</small> <input style="width: 250px;" type="text"/></p>	<p>Name <input style="width: 150px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <small>First Middle Last</small></p> <p>Age <input style="width: 50px;" type="text"/> Social Security Number <input style="width: 150px;" type="text"/></p> <p>Place of Birth (State or Foreign Country) <input style="width: 200px;" type="text"/></p> <p>Residence <input style="width: 250px;" type="text"/> <input style="width: 50px;" type="text"/> <small>County</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Street/City/State/ZIP or Street/City/Foreign Country In City Limits?</small></p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Race <small>(may check multiple)</small> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> White <input type="checkbox"/> Multiracial</p> <p>Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Usual Occupation <input style="width: 200px;" type="text"/></p> <p>Education (specify highest grade completed) <input style="width: 200px;" type="text"/></p> <p>Previous Marital Status <input type="checkbox"/> Never Married <input style="width: 50px;" type="text"/> # of Previous Marriages</p> <p>Last Marriage Ended By <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment</p> <p>Date Last Marriage Ended <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <small>Month Day Year</small></p> <p>Full Name of Parent 1 <small>(if adopted, list adoptive parent only)</small> <input style="width: 250px;" type="text"/></p> <p>Birthplace of Parent 1 <small>(state or foreign country)</small> <input style="width: 250px;" type="text"/></p> <p>Full Name of Parent 2 <small>(if adopted, list adoptive parent only)</small> <input style="width: 250px;" type="text"/></p> <p>Birthplace of Parent 2 <small>(state or foreign country)</small> <input style="width: 250px;" type="text"/></p>		
DATE & PLACE OF MARRIAGE		OFFICIANT	
<p>Date of Marriage (month, day, year) <input style="width: 150px;" type="text"/></p> <p>City or Town <input style="width: 150px;" type="text"/> County <input style="width: 100px;" type="text"/></p> <p>Signature of Applicant 1 <input style="width: 250px;" type="text"/></p> <p>Signature of Applicant 2 <input style="width: 250px;" type="text"/></p> <p>AIDS Education Acknowledgment Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Object</p>	<p>Name <input style="width: 350px;" type="text"/></p> <p>Title <input style="width: 350px;" type="text"/></p> <p>Address <input style="width: 350px;" type="text"/></p> <p>Telephone Number (<input style="width: 50px;" type="text"/>) <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/></p>		

CLERK of COURT

Forward Record of Marriage (State Form 27553) at the close of each calendar month to:
Indiana Department of Health, Division of Vital Records, 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.

Applicant 1

Applicant 2

Name of Officiant

Title of Officiant

Address of Officiant

Telephone Number of Officiant

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