

State of Nebraska – Department of Health and Human Services Finance and Support – VITAL RECORDS

**MARRIAGE WORKSHEET**

**\*License is valid ONLY in the state of Nebraska\***

1. Groom/Applicant 1 - Full Name (First, Middle, Last, Suffix)		NAME AT BIRTH (if different)	2. AGE
3a. COUNTRY	3b. STATE	3c. COUNTY	
3d. CITY, TOWN OR LOCATION	3e. RESIDENCE – Street and Number		3f. ZIP CODE
4. BIRTHPLACE (City and State or Foreign Country)		5. DATE OF BIRTH (Mo., Day, Yr.)	
6a. FATHER'S – Full Name (First, Middle, Last, Suffix)		6b. BIRTHPLACE (City and State or Foreign Country)	
7a. MOTHER'S – Full Name AT BIRTH (First, Middle, Last, Suffix)		7b. BIRTHPLACE (City and State or Foreign Country)	
8a. Bride/Applicant 2 - Full Name (First, Middle, Last, Suffix)		8b. NAME AT BIRTH (If different)	9. AGE
10a. COUNTRY	10b. STATE	10c. COUNTY	
10d. CITY, TOWN OR LOCATION	10e. RESIDENCE – Street and Number		10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)		12. DATE OF BIRTH (Mo., Day, Yr.)	
13a. FATHER'S – Full Name (First, Middle, Last, Suffix)		13b. BIRTHPLACE (City and State or Foreign Country)	
14a. MOTHER'S – Full Name AT BIRTH (First, Middle, Last, Suffix)		14b. BIRTHPLACE (City and State or Foreign Country)	

**CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD**

15a. SOCIAL SECURITY NUMBER – Groom/Applicant 1	15b. SOCIAL SECURITY NUMBER – Bride/Applicant 2
16. If previously married, last marriage ended either by – Groom/Applicant 1: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Date Marriage Ended (Mo., Day, Yr.) _____ Bride/Applicant 2: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Date Marriage Ended (Mo., Day, Yr.) _____	
17a. Is groom/applicant 1 of Hispanic or Latino Origin?	17b. Is bride/applicant 2 of Hispanic or Latino Origin?

**RACE**

18a. Groom/Applicant 1

18b. Bride/Applicant 2

Check one or more races to indicate what each person considers him/herself to be

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**Fee for the marriage license is \$25. A certified copy of the marriage license is required in order for the applicant to change the last name, e.g. Driver's License, Social Security, etc. The cost of a certified copy is \$9. Total fee at the time of application is \$34. We accept cash, credit card (portal fee will be applied) or money orders made payable to the Sarpy County Clerk. The certified copy will be mailed to applicant 1's address once the license is filed unless otherwise specified at the time of application. Hours for marriage licenses are 8:00 a.m. to 4:30 p.m. Monday through Friday.**

Applicant 1 PHONE #:

Applicant 2 PHONE #:

-----\*For office use only\*-----

Identification Type: \_\_\_\_\_

Identification Type: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_