

STATE OF COLORADO APPLICATION FOR MARRIAGE LICENSE-Chaffee County

Please fill in all information as completely as possible.

Legal Name: _____
 First **Middle** **Last** **Suffix**

Address: _____
 Number/Street **City** **State/Zip**

Birth Date: ___/___/___ **Last name at birth if different (opt):** _____

Social Security Number: _____ - _____ - _____ **City & State of Birth:** _____

Parent/Legal Guardian (Full Name): _____
 First **Middle** **Last**

Parent/Legal Guardian’s City and State of Residence: _____
(If deceased, please print “Deceased”)

Parent/Legal Guardian (Full Name): _____
 First **Middle** **Last**

Parent/Legal Guardian’s City and State of Residence: _____
(If deceased, please print “Deceased”)

Your present marital/union status:
(circle one) **Single** **Widowed** **Divorced/Dissolved** **Married** **Civil Union**

If Widowed or Divorced/Dissolved Date: ___/___/___ **City&State:** _____

Type of Court: (i.e. District Court, County Court, Etc.) _____

Previous spouse/partner name: _____

Proof of Age: (circle one) **Valid Driver’s** **License** **Passport** **Birth Certificate** **Other**

If “Other” please specify: _____

Are the Applicants related by blood? Y or N If yes, how? _____

Phone Number: _____

Return Information: (Address you would like Marriage License mailed to after recording.)

Return Address: _____
 Number/Street/PO Box

 City **State** **Zip**