

AFFIDAVIT FOR MARRIAGE LICENSE PURSUANT TO CHAPTER 3, TITLE 20, CODE OF VIRGINIA

PARTY A (check one)		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE	
1. FULL NAME (first)		(middle)		(last)		2. MAIDEN SURNAME (if different from last)	
3. SEX	4. AGE		5. DATE OF BIRTH (Month, Day, Year)		6. PLACE OF BIRTH (state or foreign country)		
7. SOCIAL SECURITY NO. OR DMV NO.			8. NUMBER OF THIS MARRIAGE (first, second, etc.)		9. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
10. EDUCATION (Specify only highest grade completed)		Elementary or Secondary (9-12)		College (1-4 or 5+)		11. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER	
11a. CITY OR TOWN OF RESIDENCE		11b. County (if independent city, leave blank)		11c. STATE (OR FOREIGN COUNTRY)			
12. NAME OF PARENT (first, middle, last, suffix) (maiden name if any)			12a. SEX	13. NAME OF PARENT (first, middle, last, suffix) (maiden name if any)			13a. SEX

PARTY B (check one)		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE	
14. FULL NAME (first)		(middle)		(last)		15. MAIDEN SURNAME (if different from last)	
16. SEX	17. AGE		18. DATE OF BIRTH (Month, Day, Year)		19. PLACE OF BIRTH (state or foreign country)		
20. SOCIAL SECURITY NO. OR DMV NO.			21. NUMBER OF THIS MARRIAGE (first, second, etc.)		22. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
23. EDUCATION (Specify only highest grade completed)		Elementary or Secondary (9-12)		College (1-4 or 5+)		24. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER	
24a. CITY OR TOWN OF RESIDENCE		24b. County (if independent city, leave blank)		24c. STATE (OR FOREIGN COUNTRY)			
25. NAME OF PARENT (first, middle, last, suffix) (maiden name if any)			25a. SEX	26. NAME OF PARENT (first, middle, last, suffix) (maiden name if any)			26a. SEX

WE HEREBY MAKE APPLICATION TO THE CLERK OF THE ROANOKE COUNTY CIRCUIT COURT FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR/AFFIRM THAT ALL OF THE STATEMENTS ABOVE ARE TRUE. WE FURTHER MAKE OATH THAT NEITHER OF THE PARTIES NAMED ABOVE WHO ARE TO BE MARRIED IS LEGALLY INCOMPETENT, CURRENTLY MARRIED NOR ARE WE RELATED TO EACH OTHER TO A PROHIBITED DEGREE. Chapter 3, Title 20, Code of Virginia.
WE FURTHER UNDERSTAND THAT WILLFULLY AND KNOWINGLY MAKING ANY FALSE STATEMENT OR SUPPLYING FALSE INFORMATION IS A CLASS 4 FELONY. Chapter 7, Title 32.1. Code of Virginia.

Signatures: (Party A) _____

(Party B) _____

Commonwealth of Virginia – City/County of _____

Sworn and subscribed before me this ___ day of _____, 20__ by applicants

_____ and _____

Party A

Party B

Notary Registration No.: _____ My commission expires: _____

(seal)

Please send to:
PO BOX 1126
Salem, VA 24153

Your Phone Number:
Your Return Address:

****This document must be notarized prior to submission****