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

PARTY A *(check one)*	☐ BRIDE	☐ GROOM	☐ SPOUSE
1. FULL NAME *(first)* *(middle)* *(last)* *(suffix)*			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)* ☐ WIDOWED ☐ DIVORCED	
10. EDUCATION *(Specify only highest grade completed)* Elementary or Secondary (0-12)	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)*	☐ BRIDE	☐ GROOM	☐ SPOUSE
14. FULL NAME (first) (middle) (last) (suffix)			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)* ☐ WIDOWED ☐ DIVORCED	
23. EDUCATION *(Specify only highest grade completed)* Elementary or Secondary (0-12)	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: _____
(Notary Signature) (seal)

Please send to:
PO BOX 1126
Salem, VA 24153

Your Phone Number:
Your Return Address:

This document must be notarized prior to submission