## **MARRIAGE RECORD**

1. COUNTY ISSUING LICENSE	2a. \	WHERE MARRIED-CITY, BOP	O, TOWNSHIP	2b. COUNTY			3. DATE OF MARRIAGE (Month, Day, Year)	
4a. NAME OF PERSON PERFORMING CEREMONY   4b. TITLE				4c. ADDRESS OF PERSON PERFORMING CEREMONY (Street, City or Town, State, Zip Code)				
GRO	ОМ				BB	IDE		
5. Full Name			14. Full Name					
6. Mailing Address			15. Mailing Address					
55 N			55 N					
7. Residence:			16. Residence;					
a. State b. County c. Location			a. State b. County					
(1) City of			c. Location					
// // // // // // // // // // // // //			(1) City of					
(2) Borough of			(2) Borough of					
(3) Township of			(3) Township of					
8. Occupation			17. Occupation					
9. Date of Birth Age	10. Birthple	ice	18. Date of Birtl	n Age		19. Birthpla	Ce	
11a. Number 11b. How	and When	Dissolved	20a. Number of Prior		Oh Hou	and When D		
Marriages	of Prior Marriages			'	LOD, HOW	and when b	ISSUIVEO	
12. Cause(s) If Divorced			Marriages 21. Cause(s) if	Divorced	••	······································		
13. Education (0-12) College (1-4 or 5+)			22. Education (0-12) College (1-4 or 5+)					
Date License Issued (Month, Day, Year)	i	Date Report Sent (Mont	th, Day, Year)	Signs	ture of C	lerk		
Given and Surname of Father		To Vital Statistics:	Given and Surr	name of Father	······································			
Niven and Surname of Mother			Given and Surname of Mother					
Maiden Name of Mother			Maiden Name of Mother					
Residence of Father								
Residence of Mother			Residence of Father					
			Residence of Mother					
Occupation of Father			Occupation of Father					
Occupation of Mother			Occupation of Mother					
Birthplace of Father			Birthplace of Father					
Birthplace of Mother			Birthplace of Mother					
Is applicant afflicted with any transmissible disease?			Is applicant afflicted with any transmissible disease?					
Telephone No			Teleplan	no 11.				
is applicant now under the influence of any intoxicating liquor or narcotic drug?			Telephone No. Is applicant now under the influence of any intoxicating					
Relationship of parties making this applic	ation, if any	<i>f</i> .	liquor or narcotic	drug?	······································			
We, the undersigned, in accomment are true and correct to the base above County, for a license to m	ordance wi est of our l narry,	th the statements herein knowledge, information,	above contained, tand belief, do here	the facts set fo by make appli	rth wher cation to	rein we and e the Clerk of	each of us do solemnly the Orphans' Court of	
Signature of Ap	plicant			S	gnature d	of Applicant		
Sworn and subscribed to before me thi	s		day of				A.D	
Filed		† <u></u>	(Clerk	of Orphans' Co	urt)		(SEAL)	
icense Issued								
		[		Му С	ommissio	on Expires		
No								