



APPLICANT FOR MARRIAGE LICENSE, THROCKMORTON County, Texas

The form and content of this application is prescribed by section 2.004 of the Texas Family Code.

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Applicant One	First Name		Middle Name		Current Last Name		Suffix
	Women's Maiden Name (If Applicable)				Telephone Number		
	Street Address			City	State	Zip	
	Date of Birth	Place of Birth (including city, county and state)			Social Security Number		

I have not been divorced within the last 30 days.

TRUE FALSE

I am not related to the other applicant as:

- an ancestor or descendant, by blood or adoption;
- a brother or sister, of the whole or half blood or by adoption;
- a parent's brother or sister of the whole or half blood or by adoption;
- a son or daughter of a brother or sister of the whole or half blood or by adoption;
- a current or former stepchild or stepparent; or
- a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

I am not presently married.

TRUE FALSE

I am not presently delinquent in the payment of court ordered child support.

TRUE FALSE

The other applicant is not presently married

TRUE FALSE

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

I solemnly swear (or affirm) that the information I have given in this application is correct _____
Applicant's Signature and Date Signed

Applicant Two	First Name		Middle Name		Current Last Name		Suffix
	Women's Maiden Name (If Applicable)				Telephone Number		
	Street Address			City	State	Zip	
	Date of Birth	Place of Birth (including city, county and state)			Social Security Number		

I have not been divorced within the last 30 days.

TRUE FALSE

I am not related to the other applicant as:

- an ancestor or descendant, by blood or adoption;
- a brother or sister, of the whole or half blood or by adoption;
- a parent's brother or sister of the whole or half blood or by adoption;
- a son or daughter of a brother or sister of the whole or half blood or by adoption;
- a current or former stepchild or stepparent; or
- a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

I am not presently married.

TRUE FALSE

I am not presently delinquent in the payment of court ordered child support.

TRUE FALSE

The other applicant is not presently married

TRUE FALSE

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

I solemnly swear (or affirm) that the information I have given in this application is correct _____
Applicant's Signature and Date Signed

Mail Executed License to (Street/P.O. Box, City, State, Zip) _____