

**MARRIAGE WORKSHEET**

FULL NAME \_\_\_\_\_

BIRTH NAME, IF DIFFERENT \_\_\_\_\_

SURNAME AFTER MARRIAGE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
STATE COUNTY TOWN

ADDRESS \_\_\_\_\_ P.O. BOX ZIP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMPLOYMENT: USUAL OCCUPATION \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_  
CITY STATE

FATHERS NAME \_\_\_\_\_

COUNTRY OF FATHERS BIRTHPLACE \_\_\_\_\_

MOTHERS MAIDEN NAME \_\_\_\_\_

COUNTRY OF MOTHERS BIRTHPLACE \_\_\_\_\_

NUMBER OF THIS MARRIAGE \_\_\_\_\_

PREVIOUS MARRIAGES: NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY:  
DIVORCE \_\_\_\_\_ ANNULMENT \_\_\_\_\_ DEATH \_\_\_\_\_

HOW DID LAST MARRIAGE END? DIVORCE \_\_\_\_\_ ANNULM. \_\_\_\_\_ DEATH \_\_\_\_\_

DATE LAST MARRIAGE ENDED \_\_\_\_\_

ARE ANY FORMER SPOUSES STILL ALIVE? \_\_\_\_\_

INFORMATION FROM PREVIOUS DIVORCES:  
DATE OF DECREE PLACE ISSUED AGAINST  
SELF/ SPOUSE

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_