## **MARRIAGE LICENSE APPLICATION**

TO BE FILLED OUT BY COUPLE MAKING APPLICATION

STATE OF HAWAI'I • DEPARTMENT OF HEALTH OFFICE OF HEALTH STATUS MONITORING

### PLEASE PRINT - USE BLACK INK

(Please read instructions on reverse side of this form)

LICENSE NO.

| APPLICANT I                    |   | 1a. FIRST NAME OF APPLICANT I                  |                                    |   | b. MIDDLE NAME                                   |   |                              | c. LAST NAME |              |   |  | 1d. SOCIAL SECURITY N              |          | RITY NO.                                 | O. 2. DATE OF BIRTH (Month, Day, Year) |  |   |     |  |
|--------------------------------|---|--|------------------------------------|---|--|---|------------------------------|--------------|--------------|---|--|------------------------------------|----------|--|--|--|---|-----|--|
| Zip Code                       |   | 3. USI   | JAL RESIDENCE: a.                  | STREET  | ADDRESS CITY                                     |   |                              | b. COUNTY    |              | c. STATE OR FOREIGN COUNTRY   |  |                                    | NTRY 4   | 4. PLACE OF BIRTH: *City & State/Country |  |  |   |     |  |
| ☐ Groom ☐ Bride ☐ Spouse       |   | 5. FAT   | HER: a. FULL NAM                   | E – FIRST   | ī, MIDDLE, LAST                                  |   |                              | b. S         |              |   | b. STATE (   | ). STATE OR FOREIGN COUNTRY OF BII |          |  |  | IRTH* c. Living?* Yes, No, Refused, or Unknown |   |     |  |
|                                |   | 6. MO  | THER: a. FULL NAM                  | IE – FIRS   | T, MIDDLE, MAIDEN NAME                           |   |                              |              |              |   | b. STATE OR FOREIGN COUNTRY  |                                    |          |  | OF BIRTH*                              |  | c. Living?* Yes, No,<br>Refused, or Unknown |     |  |
| APPLICANT II                   |   | 7a. FIRST NAME OF APPLICANT II                 |                                    |   |  | b. MIDDLE NAME  |                              |              | c. LAST NAME |   |  | 7d. SOCIAL SECURITY NO. 8          |          |  |  | 8. DATE OF BIRTH (Month, Day, Year)            |   |     |  |
| Zip Code                       |   | 9. USUAL RESIDENCE: a. STREET ADDRESS          |                                    |   |  | CITY  | b. COUNTY                    |              |              | c. STATE OR FOREIGN COUNTRY   |  |                                    | NTRY 1   | 10. PLACE OF BIRTH: *City & State/Count  |  |  |   |     |  |
| ☐ Groom                        |   | 11. FATHER: a. FULL NAME – FIRST, MIDDLE, LAST |                                    |   |  |   |                              |              |              |   | b. STATE OR FOREIGN COUNTRY OF BIRTH*  c. Living?* Y Refused, or           |                                    |          |  |  |  | Yes, No,<br>or Unknown                      |     |  |
| ☐ Spouse                       | 12. MOTHER: a. FULL NAME – FIRST, MIDDLE, MAIDEN NAME |  |                                    |   |  |   |                              |              |              |   | b. STATE OR FOREIGN COUNTRY OF BIRTH*  c. Living?* Yes, N Refused, or Unkn |                                    |          |  |  |  |   |     |  |
|                                |   |  | relationship of App<br>olicant II: | olicant I   | In what cour<br>(Honolulu, Haw<br>or Kaua'i Cour | Wi  | When do you plan to be marri |              |              | ? Name of Marriage Performer (Commissioned by the State of Hawai'i) |  |                                    |          |  | of Hawai'i)                            |  |   |     |  |
|                                |   | FORWARDING ADDRESS: (After Marriage)           |                                    |   |  |   |                              |              |              |   |  | DO YOU WANT YOUR NAMES             |          |  |  |  |   |     |  |
|                                | E-MAI   | E-MAIL ADDRESS: HOME/CEL                       |                                    |   |  |   |                              |              |              |   |  |                                    | WC       | PKK P                                    | PHONE NUME                             | BER:   |   |     |  |
|                                |   |  |                                    |   | С  | ONFIDENTIAL   | NFORMATI                     | ION – F      | LEASE        | COMPLET   | ΓΕ   |                                    |          |  |  |  |   |     |  |
| SUPPLEMENTARY                  | NO. OF T<br>MARRIAGE/<br>LEGAL U                      | OTHER  | IN CIVIL UNION OR                  |   |  | RIED OR IN OTHER LEGALLY REC<br>RRIAGE/OTHER LEGAL UNION EN |                              |              |              |   |  |                                    |          |  |  | E  | EDUCATION* -                                |     |  |
| DATA                           | FIRST, SECOND<br>ETC. (SPECIFY)                       |  | RECOGNIZED                         | DISS  | TH, DIVORCE,<br>OLUTION,<br>ILMENT OR            | DATE ENDED  MONTH YEAR                                      | PLACE EN<br>(COUNTY &        |              | RACI         |   | Æ*   |                                    | OCCUPATI |  | ΓΙΟΝ*                                  |  | Specify Highest<br>Grade<br>Completed       | SEX |  |
| APPLICANT I                    | 21a.  |  | 21b.                               | TERMINA<br>22a.   | ATION (specify)                                  | 22b.  | 22c.                         | 23.          |              |   |  |                                    | 24.      |  |  | 25   |   | 26. |  |
| APPLICANT II 27a.              |   |  | 27b. 28a.                          |   | 28b. 28c.  |   | 28c.                         | 29.          |              |   |  |                                    | 30.      |  |  | 31   |   | 32. |  |
| F                              | OR OFFIC  | E USI  | E ONLY                             |   |  |   | CER'                         | TIFIC        | ATION        | - SIGN  | BEFORE   | MA                                 | RRIAGI   | E AGE                                    | ENT                                    | 1  |   |     |  |
| APPLICANT I:                   | <u>APPI</u>   | LICANT II:                                     |                                    | We, the undersigned, certify that the information given in this application is true and correct to be best of our knowledge and belief. |  |   |                              |              |              |   |  |                                    |          |  |  |  |   |     |  |
| SIGHTED:                       |   | SIGHTED:                                       |                                    |   |  |   |                              |              |              |   |  |                                    |          |  |  |  |   |     |  |
| #:<br>NAME <b>√</b> ? Yes      | #:<br>NAME <b>√</b> ? Yes No                          |  |                                    | FULL SIGNATURE OF APPLICANT I   |  |   |                              |              |              |   |  |                                    |          |  |  |  |   |     |  |
| DOB ✓? Yes                     | DOB ✓? Yes No   |  |                                    |   | <i>(</i>   |   |                              |              |              |   |  |                                    |          |  |  |  |   |     |  |
| DOB ✓? Yes No<br>AGE: Sex: M F |   | AGE: Sex: M F                                  |                                    |   | FULL SIGNATURE OF APPLICANT II                   |   |                              |              |              |   |  |                                    |          |  |  |  |   |     |  |
|                                | Previous Marriage(s)/Legal<br>Union(s):               |  |                                    | Sworn and subscribed to before me this  |  |   |                              |              |              | day of  |  |                                    |          | , 20                                     |  | . <u></u>                                      |   |     |  |
|                                |   |  |                                    |   | MARRIAGE LICENSE AGENT                           |   |                              |              |              | JUDICIAL DISTRICT, STATE OF HAWAI'I                                 |  |                                    |          |  |  |  |   |     |  |

# TO BE FILLED OUT JOINTLY BY COUPLE MAKING APPLICATION

(Do not make separate applications for Applicant I and Applicant II.)

#### REQUIREMENTS FOR OBTAINING A MARRIAGE LICENSE

In applying for a marriage license, both applicants must appear in person before a marriage license agent.

A marriage license is issued immediately after the application is made. After being issued, the license expires *within 30 days* and it is *valid* statewide.

To marry, both applicants must be at least 15 years of age. Applicants who are 16 or 17 years of age must have the written consent of both parents, or of the legal guardian, or other person in whose care and custody the minor has been placed, or of the family court judge who has jurisdiction over the minor child. Applicants may marry at age 15 years with the written consent of both parents or legal guardian and the written approval of the judge of the family court. No one under 15 years of age may marry.

Proof of age in the form of a certified copy of a birth certificate must be presented to the marriage license agent by any applicant who is under 19 years of age. Proof of age may be requested for those applicants over 18 in the form of an I.D. or driver's license.

A blood relationship between Applicant I and Applicant II must not be closer than first cousins.

Blood tests are not required.

The fee for a license is \$60.00 (plus \$5.00 portal administration cost), payable at the time of filing the application.

### INSTRUCTIONS FOR FILLING OUT APPLICATION FORM

Please use black ink. **Print** information so that it can be read easily. If you have a home or office telephone, give number in left margin. Do not sign the application until the marriage license agent asks you to do so. **It must be signed in his or her presence.** 

Name of Applicant I and Applicant II. Enter the full first, middle, and last names. Do not use abbreviations or initials.

Date of Birth. Enter the exact month, day and year. Enter the full name of the month — January, February, March, etc.

Usual residence. Give street address, if any, and enter the name of the city or town in full and the county. Enter zip code number in space provided in left margin. If no street address, enter name of town or village. Mailing address may be used but must be enclosed in parenthesis before the name of the town or village. DO NOT USE MAILING ADDRESS ALONE.

Place of birth. For Applicant I and Applicant II, give city or town and state, or city or town and foreign country.

Father and mother. Enter full first, middle, and last names without abbreviations or initials. For mother, enter full maiden name. For place of birth, enter state or foreign country only. After "Living?" state "yes" or "no," or "unknown."

Blood relationship of Applicant I to Applicant II. Generally, the entry here will be "none."

In what county do you plan to be married? Honolulu County, Hawai'i County, Maui County, or Kaua'i County.

When do you plan to be married? Date of ceremony must be within 30 days of application.

Name of marriage performer. Person who is to perform the marriage ceremony.

Note: Hawai'i state law requires that the person performing the marriage ceremony must be licensed by the State of Hawai'i, Department of Health; otherwise, the marriage may be declared invalid (Sec. 572-1-8, HRS).

Forwarding address (After marriage). Enter mailing address where you would like the certified copy of your marriage certificate to be sent.

Do you want your names published in the newspaper? Names printed on a space available basis as a public service; no charge. (May not be available on all islands).

Number of this marriage/other legal union. First, second, third, etc.

If previously married or in other legally recognized union. State how your last marriage/other legal union ended, i.e., by death, divorce, dissolution, annulment or termination. Then enter the date and place of death, divorce, dissolution, annulment or termination.

Race. Use such terms as Japanese, Caucasian, Black, Hawaiian, etc. Using the term Hawaiian may be advantageous, if appropriate.

Occupation. Give your usual occupation, such as: carpenter; bookkeeper; student; sales clerk; auto mechanic; soldier–U.S. Army; sailor–U.S. Navy; or officer–U.S. Army; officer–U.S. Navy; etc. (Give kind of work done during most of working life, even if retired).

Education. Enter the number of the highest grade completed in "regular" schooling in the space for elementary/secondary or college.

Note: Do not enter any other kind of schooling or training. Although beauty and barber schools, business or trade schools and the like, are important, they are not considered "regular" schools for the purpose of this item.

Confidential Information. Information on previous marriage, race, occupation and education is confidential and will not be reproduced on certified copies of your marriage certificate but used for statistical purposes only.

\* Do not leave these items blank. Enter "refused."