

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

MISSOURI DEPARTMENT OF HEALTH
**APPLICATION/
REPORT OF MARRIAGE**

LICENSE NUMBER

STATE FILE NUMBER

2014RAM

VS 700
REV 6-97

MO 580-0717
(6-97)

FIRST PARTY

1 FIRST PARTY'S NAME (<i>First, Middle, Last</i>)		1a BIRTH SURNAME (<i>If different</i>)	1b SOCIAL SECURITY NO
2 AGE LAST BIRTHDAY	3 DATE OF BIRTH (<i>Month, Day, Year</i>)	4 BIRTHPLACE (<i>State or Foreign Country</i>)	4a SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
5a RESIDENCE - CITY, TOWN OR LOCATION		5b STATE	5c ZIP CODE 5d COUNTY
6 NUMBER OF THIS MARRIAGE - First, Second, etc (<i>Specify below</i>)	7 IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		9 EDUCATION (<i>Specify only highest grade completed</i>) Elementary/Secondary (0-12) College (1-4 or 5+)
	By Date (<i>Month, Year</i>)		
	7a	7b	
2 <input type="checkbox"/> DEATH 3 <input type="checkbox"/> Divorce, dissolution, or annulment		8 RACE - American Indian, Black, White, etc (<i>Specify below</i>) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (<i>Specify</i>)	

SECOND PARTY

10 SECOND PARTY'S NAME (<i>First, Middle, Last</i>)		10a BIRTH SURNAME (<i>If different</i>)	11 SOCIAL SECURITY NO
12 AGE LAST BIRTHDAY	13 DATE OF BIRTH (<i>Month, Day, Year</i>)	14 BIRTHPLACE (<i>State or Foreign Country</i>)	14a SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
15a RESIDENCE - CITY, TOWN OR LOCATION		15b STATE	15c ZIP CODE 15d COUNTY
16 NUMBER OF THIS MARRIAGE - First, Second, etc (<i>Specify below</i>)	17 IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		19 EDUCATION (<i>Specify only highest grade completed</i>) Elementary/Secondary (0-12) College (1-4 or 5+)
	By Date (<i>Month, Year</i>)		
	17a	17b	
2 <input type="checkbox"/> DEATH 3 <input type="checkbox"/> Divorce, dissolution, or annulment		18 RACE - American Indian, Black, White, etc (<i>Specify below</i>) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (<i>Specify</i>)	

SIGNATURES

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE

20 FIRST PARTY'S SIGNATURE	21 SECOND PARTY'S SIGNATURE
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AFFIX SEAL

22 SUBSCRIBED TO AND SWORN TO BEFORE ME ON (<i>Month, Day, Year</i>) (<i>Time</i>)	23 COUNTY OF RECORDING	24 DATE AND TIME LICENSE ISSUED (<i>Month, Day, Year</i>) (<i>Time</i>)
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LOCAL OFFICIAL

25 NAME OF RECORDER OF DEEDS	26 SIGNATURE AND TITLE OF OFFICIAL DEPUTY
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CEREMONY

27 DATE CEREMONY PERFORMED (<i>Month, Day, Year</i>)	28a WHERE MARRIED - CITY, TOWN, OR LOCATION	28b WHERE MARRIED - COUNTY
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PARENTAL CONSENT

29 NAME OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY (<i>If Minor</i>)	30 RELATIONSHIP TO APPLICANT	
31a ADDRESS OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY	31b STATE	31c ZIP CODE

I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE	32 SIGNATURE OF PARENT OR LEGAL GUARDIAN
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AFFIX SEAL

33 NAME OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY (<i>If Minor</i>)	34 RELATIONSHIP TO APPLICANT	
35a ADDRESS OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY	35b STATE	35c ZIP CODE

I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE	36 SIGNATURE OF PARENT OR LEGAL GUARDIAN
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37 PARENTAL CONSENT SUBSCRIBED TO AND SWORN TO BEFORE ME ON (<i>Month, Day, Year</i>)	38 SIGNATURE AND TITLE OF OFFICIAL DEPUTY
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