

License Number: \_\_\_\_\_

Filed By: \_\_\_\_\_

Date: \_\_\_\_\_

State of Nebraska - Department of Health and Human Services Finance and Support - VITAL RECORDS

MARRIAGE WORKSHEET

<b>1. GROOM / PARTY A - Name (First, Middle, Last,Suffix)</b>		<b>MAIDEN NAME IF APPLIES</b>	<b>2. AGE</b>
<b>3a. COUNTRY</b>	<b>3b. STATE</b>	<b>3c. COUNTY</b>	
<b>3d. CITY, TOWN OR LOCATION</b>	<b>3e. RESIDENCE-Street and Number</b>	<b>3f. ZIP CODE</b>	
<b>4. BIRTHPLACE (City, State or Country)</b>		<b>5. DATE OF BIRTH (Mo., Day, Yr)</b>	
<b>6a. FATHER'S-Name (First, Middle, Last,Suffix)</b>		<b>6b. BIRTHPLACE (City, State or Country)</b>	
<b>7a. MOTHER'S-Full Maiden Name (First, Middle, Last,Suffix)</b>		<b>7b. BIRTHPLACE (City, State or Country)</b>	
<b>8a. BRIDE / PARTY B - Name (First, Middle, Last,Suffix)</b>		<b>8b . MAIDEN NAME (if different)</b>	<b>9. AGE</b>
<b>10a. COUNTRY</b>	<b>10b. STATE</b>	<b>10c. COUNTY</b>	
<b>10d. CITY, TOWN OR LOCATION</b>	<b>10e. RESIDENCE-Street and Number</b>	<b>10f. ZIP CODE</b>	
<b>11. BIRTHPLACE (City, State or Country)</b>		<b>12. DATE OF BIRTH (Mo., Day, Yr)</b>	
<b>13a. FATHER'S-Name (First, Middle, Last,Suffix)</b>		<b>13b. BIRTHPLACE (City, State or Country)</b>	
<b>14a. MOTHER'S-Full Maiden Name (First, Middle, Last,Suffix)</b>		<b>14b. BIRTHPLACE (City, State or Country)</b>	

**CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON THE CERTIFIED COPIES OF THIS RECORD**

<b>15. SOCIAL SECURITY NUMBER - Groom / Party A</b>	<b>16. SOCIAL SECURITY NUMBER - Bride / Party B</b>
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<b>IDENTIFICATION TYPE:</b> <input type="checkbox"/> U.S. License / ID - State: _____ License #: _____ <input type="checkbox"/> Certified Birth Record - State / Country _____	<b>IDENTIFICATION TYPE:</b> <input type="checkbox"/> U.S. License / ID - State: _____ License #: _____ <input type="checkbox"/> Certified Birth Record - State / Country _____
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**16. If previously married, last marriage ended either by -**

Groom:  Death  Dissolution  Annulment      Date Marriage Ended (Mo., Day, Yr.) \_\_\_\_\_

Bride:  Death  Dissolution  Annulment      Date Marriage Ended (Mo., Day, Yr.) \_\_\_\_\_

**17a. Is Groom of Hispanic or Latino Origin?**  Yes  No      **17b. Is Bride of Hispanic or Latino Origin?**  Yes  No

**Race**

<b>18a. Groom / Party A</b>	Check one or more to indicate what each person considers him/herself to be	<b>18b. Bride / Party B</b>
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/>	Asian	<input type="checkbox"/>
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**MAIL CERTIFIED COPY TO ADDRESS PROVIDED BELOW:**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
DATE MAILED: _____	BOOK: _____
DOC NO: _____	PAGE: _____