

COPY

Oregon Health Authority

CENTER FOR HEALTH STATISTICS

136-

Local file number

APPLICATION, LICENSE, AND RECORD OF MARRIAGE

State file number

LOCAL OFFICIAL

County:	License effective on or after:	License expires (month, day, year):
---------	--------------------------------	-------------------------------------

PARTY A:
Groom,
Bride or
Spouse

PARTY A is (check one): Groom Bride Spouse

1a. Legal name: First Middle Last

1b. Legal name at birth (if different): 1c. Previous name (if different):

2. Birthplace (state or foreign country): 3. Date of birth (month, day, year): 4. Age (18 or older, 17 with consent):

5. Sex: 6. Occupation: 7. Previous marital status (single, widowed, divorced):

8a. Father's name (first, middle, legal surname prior to first marriage): 8b. Birthplace (state or foreign country):

9a. Mother's name (first, middle, legal surname prior to first marriage): 9b. Birthplace (state or foreign country):

10a. Address: Street and number City or town State/country ZIP 10b. County of residence:

11. Legal name taken after marriage: First Middle Last

CONSENT FORM
WAIVER

PARTY B:
Groom,
Bride or
Spouse

PARTY B is (check one): Groom Bride Spouse

12a. Legal name: First Middle Last

12b. Legal name at birth (if different): 12c. Previous name (if different):

13. Birthplace (state or foreign country): 14. Date of birth (month, day, year): 15. Age (18 or older, 17 with consent):

16. Sex: 17. Occupation: 18. Previous marital status (single, widowed, divorced):

19a. Father's name (first, middle, legal surname prior to first marriage): 19b. Birthplace (state or foreign country):

20a. Mother's name (first, middle, legal surname prior to first marriage): 20b. Birthplace (state or foreign country):

21a. Address: Street and number City or town State/country ZIP 21b. County of residence:

22. Legal name taken after marriage: First Middle Last

CONSENT FORM
WAIVER

AFFIDAVIT
OF AGE

23. Party A — name and address of affiant: _____

24. Party B — name and address of affiant: _____

SIGNATURES

25. Party A's legal signature: _____ Date: _____

26. Party B's legal signature: _____ Date: _____

either you nor your spouse own the property of the other. The laws of the State of Oregon affirm your right to enter into marriage and, at the same time, to live with your spouse free from violence and abuse.

This license authorizes the marriage of the parties named above by any person duly authorized to perform a marriage ceremony under the laws of the State of Oregon.

27. Date license issued: 28. Signature of issuing official: 29. Title of issuing official:

30a. Date of marriage: 30b. Where married (city, town, county): 30c. County: **OREGON**

31. Name and address of officiant (person performing ceremony):

32. Name and address of officiant (religious congregation/organization of officiant):

33. Witness name (print):

LICENSE TO
MARRY

CEREMONY

LOCAL OFFICIAL

ORS.432.010 required statistical information: The information below will not appear on the certified copies of the record.

36. Party A's Social Security number (specify number, none or unknown):	37. Party B's Social Security number (specify number, none or unknown):
38a. Number of this marriage — first, second, etc. (specify below):	39a. If previously married, the date and reason the last marriage ended: By death, divorce, dissolution or annulment (specify below):
38b.	39b. Date (month, day, year):
39a.	39c.
39b.	39d.
40a.	40b.
41a. Education (specify the highest grade completed): Elementary/ Secondary (0-12): (1-4 or 5+):	41b.

PARTY A

PARTY B

The authorized person performing this marriage is required to return the original copy of this form to the county clerk within five (5) days following the date of the marriage (ORS 432.173). A penalty may be assessed (ORS 106.990).

ORIGINAL - VITAL RECORDS COPY

45-4 (4/14)

APPLICANT DO NOT WRITE BETWEEN THESE LINES OFFICIAL USE ONLY