RUTH JOHNSON
OAKLAND COUNTY CLERK/REGISTER OF DEEDS

MARRIAGE INFORMATION SHEET

This is NOT a marriage application. This form is used for the accuracy of information and spelling purposes only. The State of Michigan requires that each applicant be responsible for information given and contained herein.

DATE OF MARRIAGE _____

MALE	FEMALE
Full Name of Male (First, Middle, Last)	Full Name of Female (First, Middle, Last)
	Last Name Before First Marriage, if different
Present Age Date of Birth	Present Age Date of Birth
Social Security Number	Social Security Number
Residence # Street	Residence # Street
City State Zip Code	City State Zip Code
Residence County # of Times Previously Married	Residence County # of Times Previously Married
Birth Place (City & State)	Birth Place (City & State)
Father's Full Name	Father's Full Name
Mother's Full Name before 1st Marriage	Mother's Full Name before 1st Marriage
Father's Birthplace Mother's Birthplace	Father's Birthplace Mother's Birthplace

You may bring this form with you to the Oakland County Clerk's Vital Records office when applying for a marriage license. Please be sure to bring in all required documents to support the information.