



WEDDING BRIDE INFORMATION

Wedding Date: _____ Location: Rio Mar Beach Resort & Spa

Time of Ceremony: _____ Telephone: _____

Name: _____ Age: _____

Date of Birth: _____ Place of Birth: _____
(Month/day/year) (City and State and county required)

Address: _____

County City State Zip code

Profession: _____ Industry: _____ SS# _____
(Job Title) (Company name or Self Employed)

Father's Name: _____ Mother's Name: _____
(First, last) (First, last)

Father's Place of Birth: _____
(Must indicate City, County and State or Country)

Mother's Place of Birth: _____
(Must indicate City, County and State or Country)

If previously married: Ex-Husband's Name: _____

Place of Divorce or Death: _____
(City, State and County)

Day of Divorce or Death: _____ Case number: _____
(Month/Day/Year)

Children's name (Actual residential address, city and state of birthplace is mandatory)

1) _____
Name Address City/State Age

City / State/ County of Birthplace if not the same as above

2) _____
Name Address City/State Age

City / State/ County of Birthplace if not the same as above

3) _____
Name Address City/State Age

City / State/ County of Birthplace if not the same as above

Mailing Address:

(Address) (City, State) (Zip code)

This form needs to be filled out for the Minister. It is very important that it is filled out in its entirety.

Please note that two (2) witnesses are required during the ceremony.

**** Please note if this is not filled correctly, the demographic office will delay your official license delivery for several weeks.**



WEDDING GROOM INFORMATION

Wedding Date: _____ Location: Rio Mar Beach Resort & Spa

Time of Ceremony: _____ Telephone: _____

Name: _____ Age: _____

Date of Birth: _____ Place of Birth: _____
(Month/day/year) (City and State and county required)

Address: _____

County City State Zip code

Profession: _____ Industry: _____ SS# _____
(Job Title) (Company name or Self Employed)

Father's Name: _____ Mother's Name: _____
(First, last) (First, last)

Father's Place of Birth: _____
(Must indicate City, County and State or Country)

Mother's Place of Birth: _____
(Must indicate City, County and State or Country)

If previously married: Ex-Husband's Name: _____

Place of Divorce or Death: _____
(City, State and County)

Day of Divorce or Death: _____ Case number: _____
(Month/Day/Year)

Children's name (Actual residential address, city and state of birthplace is mandatory)

1) _____
Name Address City/State Age

City / State/ County of Birthplace if not the same as above

2) _____
Name Address City/State Age

City / State/ County of Birthplace if not the same as above

3) _____
Name Address City/State Age

City / State/ County of Birthplace if not the same as above

Mailing Address: _____

(Address) (City, State) (Zip code)

This form needs to be filled out for the Minister. It is very important that it is filled out in its entirety.

Please note that two (2) witnesses are required during the ceremony.

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