

**LEHIGH COUNTY MARRIAGE LICENSE**  
**INSTRUCTIONS TO COMPLETE APPLICATION FORM**

The marriage license application is divided into two sections, Applicant A and Applicant B. Each applicant will complete **ALL** questions in the columns under their name.

**\*\*All signatures are to be completed at the time of in-person appointment.**

**QUESTIONS BY NUMBER:**

**Part 1: In reference to Applicant A and Application B: (Page 1)**

- 1a/c. **NAME:** Your full name the way it appears on your identification.
- 1b/d. **MAIDEN:** Your maiden last name if it is different from your current last name.
- 2a/d. **RESIDENCE:** The number, street and City where you currently live.
- 2b/e. **STATE & ZIP CODE:** The state and zip code where you currently live.
- 2c/f. **COUNTY:** The name of the County you currently live in.
- 3a/e. **BIRTHPLACE:** The state or foreign country where you were born.
- 3b/f. **DOB:** Your date of birth.
- 3c/g. **SEX:** You identify as male, female or non-binary.
- 3d/h. **AGE:** Your age today.
- 4a/d. **NUMBER OF THIS MARRIAGE:** Is this your first, second, third, etc. marriage?
- 4b/c. **BY:** Your last marriage ended by: death of Spouse, divorce, annulment (specify).
- 4c/f. **DATE:** The date of final divorce decree, death of spouse, annulment was signed. Or write Never Married.
- 5a/b. **EDUCATION:** The highest schooling grade or degree, you completed.
- 6a/b. **USUAL OCCUPATION:** Your occupation.

**Part II: In reference to the parents of Applicant A and Applicant B:**

- 7a/b. & 11a/b. **NAME PARENT:** Your parent's full name, as it is today and optional designation of mother, father, parent.
- 8a/c. & 12a/b. **MAIDEN NAME:** Your parent's maiden last name, if it is different from their current last name.
- 8b/d. & 13a/b. **BIRTHPLACE:** The state or foreign country where your parents were born.
- 9a/b. & 13a/b. **RESIDENCE:** The city, boro or township and state where your parents live.
- 10a/b. & 14a/b. **OCCUPATION:** Occupation of parent (or retired/deceased).

**Part III: In reference to Applicant A and Applicant B: (Page 2)**

- 15a/b. If you have been adjudicated incapacitated,
- First and last name of your appointed guardian.
  - Phone or Email of appointed guardian.
  - Adjudication issued by what county & state.
- 16a/b. Complete Yes or No, Are you under the influence of alcohol or drugs.
- 17a/b. Complete Yes or No, Are you related to the other Applicant by blood or marriage.

**\*\*Part IV: Verification and Signatures of Applicant A and Applicant B.**

**PA Voter Registration Preference forms: (Pages 3 & 4)**

Each applicant for a marriage license who is a United States Citizen, must submit a PA Voter Registration Preference form contemporaneously with the Marriage License Application and In-Person Appointment forms.

<b>ML EXPIRES ON:</b>	<b>Commonwealth of Pennsylvania, County of Lehigh</b> <b>Application for Marriage License</b>	<b>LICENSE NUMBER</b>													
<p><b>WE, THE UNDERSIGNED, BY PROVIDING THE FOLLOWING INFORMATION, WHICH IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, MAKE APPLICATION TO THE CLERK OF ORPHANS' COURT OF LEHIGH COUNTY, PENNSYLVANIA FOR ISSUANCE OF A MARRIAGE LICENSE</b></p>															
<b>SIGNATURE OF APPLICANT A</b>		<b>SIGNATURE OF APPLICANT B</b>													
<b>PART I (boxes 1a through 6b): IDENTIFYING INFORMATION ABOUT THE APPLICANTS</b>															
<b>APPLICANT A</b>				<b>APPLICANT B</b>											
<b>1a. NAME</b> (First, Middle, Last)			<b>1b. MAIDEN</b>			<b>1c. NAME</b> (First, Middle, Last)			<b>1d. MAIDEN</b>						
<b>2a. RESIDENCE</b> Number, Street, City			<b>2b. STATE &amp; Zip</b>		<b>2c. COUNTY</b>		<b>2d. RESIDENCE</b> Number, Street, City			<b>2e. STATE &amp; Zip</b>		<b>2f. COUNTY</b>			
<b>3a. BIRTHPLACE</b> (State/ Foreign Country)		<b>3b. DOB</b> (mm/dd/yyyy)		<b>3c. SEX</b> (M/F/X)		<b>3d. AGE</b> Last Birthday		<b>3e. BIRTHPLACE</b> (State/Foreign Country)		<b>3f. DOB</b> (mm/dd/yyyy)		<b>3g. SEX</b> (M/F/X)		<b>3h. AGE</b> Last Birthday	
<b>4a. NUMBER OF THIS MARRIAGE</b>		<b>4b. BY death, divorce, annulment</b> (specify)			<b>4c. DATE</b>			<b>4d. NUMBER OF THIS MARRIAGE</b>		<b>4e. BY death, divorce, annulment</b> (specify)			<b>4f. DATE</b>		
<b>5a. EDUCATION</b> (Specify only highest grade completed)						<b>5b. EDUCATION</b> (Specify only highest grade completed)									
Elementary/Secondary (0-12)			College (1-4 or 5+)			Elementary/Secondary (0-12)			College (1-4 or 5+)						
<b>6a. USUAL OCCUPATION</b>						<b>6b. USUAL OCCUPATION</b>									
<b>PART II (boxes 7A through 14B): IDENTIFYING INFORMATION ABOUT THE PARENTS OF APPLICANTS</b>															
<b>APPLICANT A - PARENT #1</b> (boxes 7a-10a)						<b>APPLICANT B – PARENT #1</b> (boxes 7b-10b)									
<b>7a. NAME PARENT #1</b> (First, Middle, Last)						<b>7b. NAME PARENT #1</b> (First, Middle, Last)									
<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Parent</b> (designation optional)						<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Parent</b> (designation optional)									
<b>8a. MAIDEN NAME</b>			<b>8b. BIRTHPLACE</b> (State/Foreign Country)			<b>8c. MAIDEN NAME</b>			<b>8d. BIRTHPLACE</b> (State or Foreign Country)						
<b>9a. RESIDENCE</b>						<b>9b. RESIDENCE</b>									
<b>10a. OCCUPATION</b> (or Retired/Deceased)						<b>10b OCCUPATION</b> (or Retired/Deceased)									
<b>APPLICANT A - PARENT #2</b> (boxes 11a-14a)						<b>APPLICANT B – PARENT #2</b> (boxes 11b-14b)									
<b>11a. NAME PARENT #2</b> (First, Middle, Last)						<b>11b. NAME PARENT #2</b> (First, Middle, Last)									
<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Parent</b> (designation optional)						<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Parent</b> (designation optional)									
<b>12a. MAIDEN NAME</b>			<b>12b. BIRTHPLACE</b> (State or Foreign Country)			<b>12c. MAIDEN NAME</b>			<b>12d. BIRTHPLACE</b> (State or Foreign Country)						
<b>13a. RESIDENCE</b>						<b>13b. RESIDENCE</b>									
<b>14a. OCCUPATION</b> (or Retired/Deceased)						<b>14b. OCCUPATION</b> (or Retired/Deceased)									

**PART III: §1304 RESTRICTIONS ON ISSUANCE OF MARRIAGE LICENSE**  
**(boxes 15a-17b Answers to be legibly handwritten by each applicant)**

APPLICANT A	APPLICANT B
<b>15a.</b> Have you been adjudicated incapacitated and/or do you have a court-appointed guardian? _____ <ul style="list-style-type: none"> <li>• Name of Guardian: _____</li> <li>• Phone or Email: _____</li> <li>• Adjudication issued by what County &amp; State _____</li> </ul>	<b>15b.</b> Have you been adjudicated incapacitated and/or do you have a court-appointed guardian? _____ <ul style="list-style-type: none"> <li>• Name of Guardian: _____</li> <li>• Phone or Email: _____</li> <li>• Adjudication issued by what County &amp; State _____</li> </ul>
<b>16a.</b> Are you under the Influence of alcohol or drugs? _____	<b>16b.</b> Are you under the Influence of alcohol or drugs? _____
<b>17a.</b> Are you related to Applicant B by blood or marriage? _____	<b>17b.</b> Are you related to Applicant A by blood or marriage? _____

**PART IV: VERIFICATION AND SIGNATURES**

**WE HEREBY VERIFY THAT THE FACTS SET FORTH IN THIS MARRIAGE LICENSE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE INFORMATION AND BELIEF. WE UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA.C.S §4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.**

SIGNATURE OF APPLICANT A	SIGNATURE OF APPLICANT B
<b>Signature</b>	
<b>Date:</b>	
<b>Auto Generated printed name of clerk logged in and title</b>	
<b>19a.</b> Interpreter's Signature:	
<b>Date:</b>	
<b>19b.</b> Interpreter's Name (Printed)	
<b>19c.</b> Telephone number & Email Address	

**THIS SECTION FOR USE BY ORPHANS' COURT PERSONNEL ONLY:**

<b>18a</b> Date License Issued:	<b>18b</b> Date Duplicate Filed: <input type="checkbox"/> Timely <input type="checkbox"/> Untimely  <p align="center"><b>Notice of receipt of untimely duplicate letter mailed to:</b></p> <p align="center"><input type="checkbox"/> Officiant                      <input type="checkbox"/> Applicants</p> <p align="center">Date:</p>
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IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY PENNSYLVANIA,  
ORPHANS' COURT – MARRIAGE LICENSE OFFICE

PA Voter Registration Preference Form

***Each applicant for a marriage license who is a United States Citizen, must submit this form contemporaneously with the Marriage License Application and In-Person Appointment forms.***

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First, Middle, Last Name - Please print legibly

Would you like to apply to register to vote in Pennsylvania at the time of your in-person marriage license appointment?

☐ Yes   ☐ No   OR   ☐ I am registered to vote in:  
☐ a PA county, other than Lehigh,  
☐ a state other than PA,  
where I currently reside.

- In order to be qualified to register to vote in Pennsylvania, you must be 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election.
- IF YOU HAVE DECLINED TO CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.
- Applying to register to or declining to register to vote will not affect the marriage license application process.
- If you apply to register to vote, the office at which you submit the voter registration application form will remain confidential.
- No information relating to a preference to register to vote will be used for any purpose other than for voter registration.
- You may complete a voter registration application at the time of your in-person appointment, or may request an application for completion at a later time.
- If you believe that someone has interfered with your right to register or your application to register to vote, or your right to choose your own political party preference, you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, PA 17120, or call the department of State toll-free, at 1877-VOTESPA (1-877-868-3772).

**Sign and date in the presence of Marriage License Clerk**

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Signature

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Date

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY PENNSYLVANIA,  
ORPHANS' COURT – MARRIAGE LICENSE OFFICE

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Signature

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Date