

ML EXPIRES ON:

Commonwealth of Pennsylvania, County of Lehigh  
Application for Marriage License

LICENSE NUMBER

APPLICANT 1		APPLICANT 2	
FULL NAME		FULL NAME	
USUAL RESIDENCE	COUNTY	USUAL RESIDENCE	COUNTY
USUAL OCCUPATION	PRESENT AGE	USUAL OCCUPATION	PRESENT AGE
DATE OF BIRTH	PLACE OF BIRTH	DATE OF BIRTH	PLACE OF BIRTH
FATHER'S FULL NAME		FATHER'S FULL NAME	
RESIDENCE		RESIDENCE	
OCCUPATION	BIRTHPLACE	OCCUPATION	BIRTHPLACE
MOTHER'S FULL NAME	MAIDEN NAME	MOTHER'S FULL NAME	MAIDEN NAME
RESIDENCE		RESIDENCE	
OCCUPATION	BIRTHPLACE	OCCUPATION	BIRTHPLACE
<i>Applicant is NOT Afflicted with any Transmissible Disease (Initial)</i>		<i>Applicant is NOT Afflicted with any Transmissible Disease (Initial)</i>	
HIGHEST SCHOOL GRADE COMPLETED	—	HIGHEST SCHOOL GRADE COMPLETED	—
ANY PRIOR MARRIAGE?	HOW MANY?	ANY PRIOR MARRIAGE?	HOW MANY?
HOW AND WHEN WAS MARRIAGE DISSOLVED?		HOW AND WHEN WAS MARRIAGE DISSOLVED?	
MAIDEN NAME (IF DIFFERENT):		MAIDEN NAME (IF DIFFERENT):	
YOU RELATED BY BLOOD OR MARRIAGE?			
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. <b><u>WE UNDERSTAND THAT WHEN ISSUED TO US, THE MARRIAGE LICENSE CAN ONLY BE USED IN PENNSYLVANIA.</u></b> WE UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE SUBJECT TO THE PENALTIES OF 18 P.A.C.S §4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.			
SIGNATURE OF APPLICANT 1		SIGNATURE OF APPLICANT 2	

**Neither applicant appears to be mentally incapacitated or under the influence of alcohol or drugs.**

**SWORN AND SUBSCRIBED TO BEFORE ME on this ..... A.D.**

MARRIAGE DATE:

\_\_\_\_\_  
AUTHORIZED SIGNATURE

CHURCH/SYNAGOGUE OR  
CIVIL OFFICIANT:

OFFICIAL TITLE: **Assistant Clerk of Orphans' Court**

MARRIAGE LOCATION: **Allentown, Lehigh County**

APPLICATION ENTERED:

APPLICANT'S PHONE NO.:

LICENSE ISSUED:

INTERPRETER'S SIGNATURE: \_\_\_\_\_