

LEHIGH COUNTY MARRIAGE LICENSE OFFICE  
Clerk of Orphans' Court Lehigh County Courthouse Room 123  
455 Hamilton Street, Allentown PA 18101-1614

**REQUEST TO SCHEDULE IN PERSON MARRIAGE LICENSE APPLICATION  
APPOINTMENT**

**I. Name of Applicant 1:**

- ☐ Has Social Security Card or W-2 displaying full 9-digit SS#  
☐ Non-US Citizen w/o SS# who has 2 of the following  
☐ Valid Passport ☐ Valid Green Card  
☐ Valid Visa ☐ Birth Certificate

☒ **Provide phone # and e-mail of Applicant # 1:** \_\_\_\_\_

**Name of Applicant 2:**

- ☐ Has Social Security Card or W-2 displaying full 9-digit SS#  
☐ Non-US Citizen w/o SS# who has 2 of the following:  
☐ Valid Passport ☐ Valid Green Card  
☐ Valid Visa ☐ Birth Certificate

☒ **Provide phone # and e-mail of Applicant # 2 :** \_\_\_\_\_

**II. MARRIAGE LICENSE APPLICATION APPOINTMENT REQUESTON:**

Please rank day and time (AM: 9:00-12:00 PM: 12:30-3:30) in order of preference (#1, 2, 3).

Leave **blank** days/times on which you are unable to appear for appointment:

\_\_\_\_ MON A.M. \_\_\_\_ TUES A.M. \_\_\_\_ WED A.M. \_\_\_\_ THURS AM \_\_\_\_ FRI A.M. \_\_\_\_ MON P.M. \_\_\_\_  
TUES P.M. \_\_\_\_ WED P.M. \_\_\_\_ THURS PM \_\_\_\_ FRI P.M .

An interpreter is required ☐ NO ☐ YES – language: \_\_\_\_\_

- **Appointments will be scheduled according to proximity of wedding date, and date that this Application for Appointment is received.**
- **Applicant # 1 will be notified of your appointment time by email or, if not provided, by telephone number provided above.**

Date: \_\_\_\_\_ Signature Applicant 1 \_\_\_\_\_

Signature Applicant 2 \_\_\_\_\_

**II.** Confirmed Wedding Date: \_\_\_\_\_

**IV.** Officiant (all information must be supplied):

1. Name: \_\_\_\_\_ ☐ Clergy ☐ Judge/MDJ ☐ Other
2. Qualifications: (Name of Church/Internet Ordination site; Name of Court or MDJ Office # and county; Title of authorized public official): \_\_\_\_\_
3. Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_