

MARRIAGE LICENSE APPLICATION FOR DESOTO COUNTY FLORIDA

- Read and complete the *Marriage License Requirements* form prior to completing this application. Attached is a link for the Family Law Handbook, please review.
- Fill out this application completely.
- Once you have completed both the *Marriage License Requirements* form, and this Application, please e-mail them both, (along with a copy of each of your government issued photo IDs, i.e. Driver's License, Passport, ID Card) to desiree.dennison@desotoclerk.com, bridgette.rios@desotoclerk.com, nzepeda@desotoclerk.com and ana.rodriguez@desotoclerk.com . Or you may drop the documents off in the court house drop box located at 115 East Oak Street, Arcadia, FL 34266
- Picture ID **MUST BE VALID**, not damaged or expired.
- If you have taken a pre-marital course (not required) please provide that certificate via e-mail as well.
- Once we have received your application and created your license, we will call you to process payment and schedule a time for **both parties to appear in person** at the court house to complete the process.
- **MASKS MUST BE WORN IN THE BUILDING**
- Only credit card payments will be accepted at this time (3.5 % processing fee will apply).
- Please call our office at (863) 993-4876 with any questions.

FIRST PERSON INFORMATION SPOUSE 1 SPOUSE 2 **CONTACT NUMBER:** _____

1A. FIRST NAME		1B. MIDDLE NAME			
1C. CURRENT LAST NAME		1D. MAIDEN SURNAME (last name at birth)			
2. DATE OF BIRTH	3. BIRTHPLACE (U.S. State or Foreign Country)			4. Number of total marriages (including this one):	
5A. LAST MARRIAGE ENDED BY : (check one) <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	5B. DATE ENDED:	6. GENDER	7. RACE	8. SSN	
9. ADDRESS		10. CITY		11. STATE	12. ZIP CODE

SECOND PERSON INFORMATION SPOUSE 1 SPOUSE 2 **CONTACT NUMBER:** _____

1A. FIRST NAME		1B. MIDDLE NAME			
1C. CURRENT LAST NAME		1D. MAIDEN SURNAME (last name at birth)			
2. DATE OF BIRTH	3. BIRTHPLACE (U.S. State or Foreign Country)			4. Number of total marriages (including this one):	
5A. LAST MARRIAGE ENDED BY : (check one) <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	5B. DATE ENDED:	6. GENDER	7. RACE	8. SSN	
9. ADDRESS		10. CITY		11. STATE	12. ZIP CODE

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***ONLY COMPLETE THIS PORTION OF THE APPLICATION IF THE TWO OF YOU HAVE*
ANY MINOR CHILDREN IN COMMON BORN IN THE STATE OF FLORIDA**

CHILD 1 INFORMATION

1. Name of child (as appears on Birth Certificate):		
2. Date of birth (mm/dd/YYYY):	3. Birth Certificate number (if known):	
4A. Place of Birth (City):	4B. (County):	4C. (State): FL

CHILD 2 INFORMATION

1. Name of child (as appears on Birth Certificate):		
2. Date of birth (mm/dd/YYYY):	3. Birth Certificate number (if known):	
4A. Place of Birth (City):	4B. (County):	4C. (State): FL

CHILD 3 INFORMATION

1. Name of child (as appears on Birth Certificate):		
2. Date of birth (mm/dd/YYYY):	3. Birth Certificate number (if known):	
4A. Place of Birth (City):	4B. (County):	4C. (State): FL

CHILD 4 INFORMATION

1. Name of child (as appears on Birth Certificate):		
2. Date of birth (mm/dd/YYYY):	3. Birth Certificate number (if known):	
4A. Place of Birth (City):	4B. (County):	4C. (State): FL