

**COMMONWEALTH OF VIRGINIA
MARRIAGE REGISTER**

COPY A
FOR CLERK OF COURT

CIRCUIT COURT FOR THE CITY OR COUNTY OF _____			CLERK'S NUMBER _____
1. FULL NAME OF PARTY 1: (FIRST, MIDDLE, LAST)			1a. SOCIAL SECURITY # _____
PARTY 1	2. AGE: _____	3. DATE OF BIRTH (MONTH, DAY, YEAR) _____	4. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) _____
	5. RACE: _____	6. NUMBER OF THIS MARRIAGE _____	7. MARITAL STATUS (IF PREVIOUSLY MARRIED) Widowed _____ Divorced _____
	8. EDUCATION (ELEMENTARY OR SECONDARY) SPECIFY HIGHEST GRADE COMPLETED (0-12) ()	COLLEGE (1-4 OR 5+) ()	9a. USUAL RESIDENCE, STREET ADDRESS OR RT. NUMBER _____
	9b. CITY OR TOWN OF RESIDENCE _____	9c. COUNTY (IF NOT INDEPENDENT CITY) _____	9d. STATE (OR FOREIGN COUNTRY) _____
	10. NAME OF FATHER _____		11. FULL MAIDEN NAME OF MOTHER _____
12. PRESENT NAME OF PARTY 2 (FIRST, MIDDLE, LAST) _____		PARTY 2 SURNAME (IF DIFFERENT) _____	12a. SOCIAL SECURITY # _____
PARTY 2	13. AGE: _____	14. DATE OF BIRTH (MONTH, DAY, YEAR) _____	15. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) _____
	16. RACE: _____	17. NUMBER OF THIS MARRIAGE _____	18. MARITAL STATUS (IF PREVIOUSLY MARRIED) Widowed _____ Divorced _____
	19. EDUCATION (ELEMENTARY OR SECONDARY) SPECIFY HIGHEST GRADE COMPLETED (0-12) ()	COLLEGE (1-4 OR 5+) ()	20a. USUAL RESIDENCE, STREET ADDRESS OR RT. NUMBER _____
	20b. CITY OR TOWN OF RESIDENCE _____	20c. COUNTY (IF NOT INDEPENDENT CITY) _____	20d. STATE (OR FOREIGN COUNTRY) _____
	21. NAME OF FATHER _____		22. FULL MAIDEN NAME OF MOTHER _____

MARRIAGE LICENSE

23. TO ANY PERSON LICENSED TO PERFORM MARRIAGE:
YOU ARE HEREBY AUTHORIZED TO JOIN THE ABOVE-NAMED PERSONS IN MARRIAGE
UNDER PROCEDURE OUTLINED IN THE STATUTES OF THE COMMONWEALTH OF VIRGINIA

SIGNATURE > _____ DATE RECEIVED BY CLERK OF COURT FROM OFFICIAN _____

DATE ISSUED: _____
LICENSE EXPIRES SIXTY DAYS AFTER ABOVE DATE

TO OFFICIAN:

COMPLETE AND SIGN
CERTIFICATES ON
BOTH COPIES

RETURN BOTH COPIES
WITHIN FIVE DAYS
TO THE CLERK OF
COURT ISSUING
LICENSE.

SECTION 32.1-267
CODE OF VIRGINIA

MARRIAGE CERTIFICATE

24. DATE OF MARRIAGE (MONTH, DAY, YEAR) _____	25. PLACE OF MARRIAGE (COUNTY OR INDEPENDENT CITY) VIRGINIA	26. TYPE OF CEREMONY <input type="checkbox"/> Civil <input type="checkbox"/> Religious
27. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED.		
SIGNATURE OF OFFICIAN: > _____		TITLE OF OFFICIAN _____
AUTHORIZED TO PERFORM MARRIAGES BY THE CIRCUIT COURT FOR _____, VIRGINIA, IN _____		
NAME OF OFFICIAN (TYPE OR PRINT) _____ (YEAR OF AUTHORIZATION)		
ADDRESS OF OFFICIAN _____ (STREET OR ROUTE NUMBER) _____ (CITY OR TOWN) _____ (STATE)		

**COMMONWEALTH OF VIRGINIA
MARRIAGE REGISTER**

COPY B
FOR DIVISION OF
VITAL RECORDS

CIRCUIT COURT FOR THE CITY OR COUNTY OF _____			CLERK'S NUMBER _____
1. FULL NAME OF PARTY 1: (FIRST, MIDDLE, LAST)			1a. SOCIAL SECURITY # _____
PARTY 1	2. AGE: _____	3. DATE OF BIRTH (MONTH, DAY, YEAR) _____	4. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) _____
	5. RACE: _____	6. NUMBER OF THIS MARRIAGE _____	7. MARITAL STATUS (IF PREVIOUSLY MARRIED) Widowed _____ Divorced _____
	8. EDUCATION (ELEMENTARY OR SECONDARY) SPECIFY HIGHEST GRADE COMPLETED (0-12) ()	COLLEGE (1-4 OR 5+) ()	9a. USUAL RESIDENCE, STREET ADDRESS OR RT. NUMBER _____
	9b. CITY OR TOWN OF RESIDENCE _____	9c. COUNTY (IF NOT INDEPENDENT CITY) _____	9d. STATE (OR FOREIGN COUNTRY) _____
	10. NAME OF FATHER _____		11. FULL MAIDEN NAME OF MOTHER _____
12. PRESENT NAME OF PARTY 2 (FIRST, MIDDLE, LAST) _____		PARTY 2 SURNAME (IF DIFFERENT) _____	12a. SOCIAL SECURITY # _____
PARTY 2	13. AGE: _____	14. DATE OF BIRTH (MONTH, DAY, YEAR) _____	15. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) _____
	16. RACE: _____	17. NUMBER OF THIS MARRIAGE _____	18. MARITAL STATUS (IF PREVIOUSLY MARRIED) Widowed _____ Divorced _____
	19. EDUCATION (ELEMENTARY OR SECONDARY) SPECIFY HIGHEST GRADE COMPLETED (0-12) ()	COLLEGE (1-4 OR 5+) ()	20a. USUAL RESIDENCE, STREET ADDRESS OR RT. NUMBER _____
	20b. CITY OR TOWN OF RESIDENCE _____	20c. COUNTY (IF NOT INDEPENDENT CITY) _____	20d. STATE (OR FOREIGN COUNTRY) _____
	21. NAME OF FATHER _____		22. FULL MAIDEN NAME OF MOTHER _____

MARRIAGE LICENSE

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UNDER PROCEDURE OUTLINED IN THE STATUTES OF THE COMMONWEALTH OF VIRGINIA

SIGNATURE > _____ DATE RECEIVED BY CLERK OF COURT FROM OFFICIANT _____

DATE ISSUED: _____
LICENSE EXPIRES SIXTY DAYS AFTER ABOVE DATE

TO OFFICIANT:

COMPLETE AND SIGN
CERTIFICATES ON
BOTH COPIES

RETURN BOTH COPIES
WITHIN FIVE DAYS
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27. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED.		
SIGNATURE OF OFFICIANT: > _____		TITLE OF OFFICIANT _____
AUTHORIZED TO PERFORM MARRIAGES BY THE CIRCUIT COURT FOR _____, VIRGINIA, IN _____ (CITY OR COUNTY) (YEAR OF AUTHORIZATION)		
NAME OF OFFICIANT (TYPE OR PRINT) _____		
ADDRESS OF OFFICIANT _____ (STREET OR ROUTE NUMBER) (CITY OR TOWN) (STATE)		

