	ı		MONWEALTH OF VIRGINIA MARRIAGE REGISTER			
	CIRCUIT COU	RT FOR THE CITY OR COUNTY OF	CLERK'S NUMBER			
COPY A FOR CLERK OF COURT	1.FULL NAME	OF PARTY 1: (FIRST, MIDDLE, LAST)	1a. SOCIAL SECURITY #			
		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		
	PARTY 1	8 EDUCATION (ELEMENTARY OR SECONDARY) SPECIFY HIGHEST GRADE COMPLETED (0-12) () ()		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		I EN NAME OF MOTHER		
	12.PRESENT N	NAME OF PARTY 2 (FIRST, MIDDLE, LAST)	PARTY 2 SURNAME (IF DIFFERENT)	12a. SOCIAL SECURITY #		
		13. AGE:	14. DATE OF BIRTH (MONTH, DAY, YEAR)	15. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)		
	PARTY 2	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 (I-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				
TO OFFICIANT.	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 >					
TO OFFICIANT:			AGE CERTIFICATE			
COMPLETE AND SIGN CERTIFICATES ON BOTH COPIES	24. DATE OF M		F MARRIAGE (COUNTY OR INDEPENDENT CITY) VIRGINIA	26. TYPE OF CEREMONY Civil Religious		
RETURN BOTH COPIES WITHIN FIVE DAYS TO THE CLERK OF	27. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED.					
TO THE CLERK OF COURT ISSUING LICENSE.	SIGNATURE OF OFFICIANT: > TITLE OF OFFICIANT VIRGINIA. IN					
SECTION 32.1-267		DEFICIANT (TYPE OR PRINT)	(CITY OR COL	UNTY), VIRGINIA, IN (YEAR OF AUTHORIZATIO		

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SECTION 32.1-267 CODE OF VIRGINIA

NAME OF OFFICIANT (TYPE OR PRINT)

ADDRESS OF OFFICIANT (STREET OR ROUTE NUMBER) (CITY OR TOWN)

(STATE)

COMMONWEALTH OF VIRGINIA	
MARRIAGE REGISTER	

COPY B	
FOR DIVISION OF VITAL RECORDS	
VIII/IL INLOCKED	•

	1	MARRIAGE REGISTER	-			
CIRCUIT COU	RT FOR THE CITY OR COUNTY OF			CLE	RK'S NUMBER	
1.FULL NAME	OF PARTY 1: (FIRST, MIDDLE, LAST)			1a. :	SOCIAL SECURITY #	
	2. AGE:	3. DATE OF BIRTH (MONTH, DAY, YEAR)		4. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)		
PARTY 1	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. S	9d. STATE (OR FOREIGN COUNTRY)		
	10. NAME OF FATHER	11. FULL MAIDEN NAME OF N		AME OF MOTHER	₹	
12.PRESENT N	NAME OF PARTY 2 (FIRST, MIDDLE, LAST)	PARTY 2 SURNAME (IF DIFFE	ERENT)	12a.	SOCIAL SECURITY #	
PARTY 2	13. AGE:	14. DATE OF BIRTH (MONTH, DAY, YEAR)		1 5. 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 (I-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 MOTH				R	
	ERSON LICENSED TO PERFORM MARRIAG HEREBY AUTHORIZED TO JOIN THE ABOV ROCEDURE OUTLINED IN THE STATUTES (LICENSI	E EXPIRES SIXT	ATE ISSUED: Y DAYS AFTER ABOVE DATE I OFFICIANT	
	MARRI	AGE CERTIFICATE				
			RGINÍA	TYPE OF CEREMO	NY Religious	
SIGNATUR	HAT I JOINED THE ABOVE-NAMED PERSONS IN MEDICAL PROPERTY OF THE ABOVE NAMED PARTY OF THE ABOVE N	ТІ	PLACE SPECII ITLE OF OFF	FICIANT		
	ED TO PERFORM MARRIAGES BY THE CIR DFFICIANT (TYPE OR PRINT)	CUIT COURT FOR(CITY	OR COUNTY)	, VIF	RGINIA, IN (YEAR OF AUTHORIZATION	

TO OFFICIANT:

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

- 1

ADDRESS OF OFFICIANT _

(STREET OR ROUTE NUMBER) (CITY OR TOWN) (STATE)

COMMONWEALTH OF VIRGINIA MARRIAGE REGISTER

COPY C TO BE RETAINED BY CLERK OF COURT

	, in the second	MARRIAGE REGISTER		
CIRCUIT COU	RT FOR THE CITY OR COUNTY OF			CLERK'S NUMBER
1.FULL NAME	OF PARTY 1: (FIRST, MIDDLE, LAST)			1a. SOCIAL SECURITY #
	2. AGE:	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)	
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	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		1E OF MOTHER
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	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		EN NAME OF M	OTHER
all of the st	make application to the clerk of the atements above are true. We further egally incompetent, nor, are related	make oath that neither of the parti	es named ab	ove who are to be
Signature of party 1	>	Signature > of party 2		
	ed and sworn or affirmed to be	· · ·		
Remarks:				
			>	
			(Cler	k Of Court Or Deputy)