COPY A
FOR CLERK OF COURT

Margin reserved for binding - Please use black ribbon in typewriter or black unfading ink. This is a permanent record.

TO OFFICIANT:

Complete and sign certificate on both copies

Return both copies within five days to Clerk of Court issuing license

Section 32.1-267 Code of Virginia

VS3 1/17

COMMONWEALTH OF VIRGINIA

MARRIAGE REGISTER

CIRCUIT COURT FOR CITY OR COUNTY OF | CLERK'S NUMBER

PARTY A *(check one)* ☐ BRIDE ☐ GROOM ☐ SPOUSE

1. FULL NAME *(first)* *(middle)* *(last)* *(suffix)*	MAIDEN SURNAME *(if different from last)*
2. SEX / 3. AGE / 4. DATE OF BIRTH *(Month, Day, Year)* / 5. PLACE OF BIRTH *(state or foreign country)*	6. *(DO NOT WRITE IN THIS SPACE)*
7. RACE ☐ DECLINED TO ANSWER / 8. NUMBER OF THIS MARRIAGE *(first, second, etc.)*	9. MARITAL STATUS *(if previously married)* ☐ WIDOWED ☐ DIVORCED
10. EDUCATION *(Specify only highest grade completed)* — Elementary or Secondary (0-12) / College (1-4 or 5+)	11. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER
11a. CITY OR TOWN OF RESIDENCE	11b. County *(if independent city, leave blank)* / 11c. STATE *(OR FOREIGN COUNTRY)*
12. NAME OF PARENT *(first, middle, last, suffix) (maiden name if any)* / 12a. SEX	13. NAME OF PARENT *(first, middle, last, suffix) (maiden name if any)* / 13a. SEX

PARTY B *(check one)* ☐ BRIDE ☐ GROOM ☐ SPOUSE

14. FULL NAME *(first)* *(middle)* *(last)* *(suffix)*	MAIDEN SURNAME *(if different from last)*
15. SEX / 16. AGE / 17. DATE OF BIRTH *(Month, Day, Year)* / 18. PLACE OF BIRTH *(state or foreign country)*	19. *(DO NOT WRITE IN THIS SPACE)*
20. RACE ☐ DECLINED TO ANSWER / 21. NUMBER OF THIS MARRIAGE *(first, second, etc.)*	22. MARITAL STATUS *(if previously married)* ☐ WIDOWED ☐ DIVORCED
23. EDUCATION *(Specify only highest grade completed)* — Elementary or Secondary (0-12) / College (1-4 or 5+)	24. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER
24a. CITY OR TOWN OF RESIDENCE	24b. County *(if independent city, leave blank)* / 24c. STATE (OR FOREIGN COUNTRY)
25. NAME OF PARENT *(first, middle, last, suffix) (maiden name if any)* / 25a. SEX	26. NAME OF PARENT *(first, middle, last, suffix) (maiden name if any)* / 26a. SEX

MARRIAGE LICENSE

27. TO ANY PERSON LICENSED TO PERFORM MARRIAGES
You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia.

Date Issued _____
License Expires Sixty Days After Above Date

Signature _____
Clerk of Court or Deputy

Date Received by Clerk of Court from Officiant _____

MARRIAGE CERTIFICATE

28. DATE OF MARRIAGE *(Month, Day, Year)*	29. PLACE OF MARRIAGE *(county or independent city)*	30. TYPE OF CEREMONY ☐ CIVIL ☐ RELIGIOUS

31. I CERTIFY TO THE FACTS OF MARRIAGE OF THE ABOVE NAMED PERSONS ON THE DATE AND AT THE PLACE SPECIFIED.

SIGNATURE OF OFFICIANT _____ TITLE OF OFFICIANT _____

Authorized to perform marriages by the Circuit Court for _____ *(city or county)*, Virginia, in _____ *(year of authorization)*

NAME OF OFFICIANT (type or print) _____

ADDRESS OF OFFICIANT _____
(street or route number) *(city or town)* *(state)*