



BRADLEY COUNTY CLERK

DONNA A. SIMPSON

APPLICANT 1 *Please Print entire form. Thank you.*

Office Use > BK/PG

	First	Middle	Last	Maiden	Birth State
Applicant 1's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Mother's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	<input type="text"/>		Social Security No.	<input type="text"/>	
Street Name	<input type="text"/>		Race	<input type="text"/>	
City, ST, Zip	<input type="text"/>		EDUCATION		
County	<input type="text"/>	(College and Above) # Years	School (1-12) # Years	<input type="text"/>	
Birth Date	<input type="text"/>	What Number Marriage	<input type="text"/>	<input type="text"/>	
Age	<input type="text"/>	Ended by(Circle one):	Death	Divorce	
Gender	<input type="text"/>	Date Ended:	<input type="text"/>	<input type="text"/>	

APPLICANT 2 *Please Print entire form. Thank you.*

	First	Middle	Last	Maiden	Birth State
Applicant 2's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Mother's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	<input type="text"/>		Social Security No.	<input type="text"/>	
Street Name	<input type="text"/>		Race	<input type="text"/>	
City, ST, Zip	<input type="text"/>		EDUCATION		
County	<input type="text"/>	(College and Above) # Years	School (1-12) # Years	<input type="text"/>	
Birth Date	<input type="text"/>	What Number Marriage	<input type="text"/>	<input type="text"/>	
Age	<input type="text"/>	Ended by(Circle one):	Death	Divorce	
Gender	<input type="text"/>	Date Ended:	<input type="text"/>	<input type="text"/>	

Mailing Address after you are married:

Phone No. Office Use > CA / CK

I understand this license is not valid after thirty (30) days, including day of issuance.

Counseling

Applicant 1 or Applicant 2's Signature _____