

Confidential Marriage License Application

MD: _____

The Long Beach Wedding Center

Phone: 562-472-2833 Fax: 562-436-4920 Email: chapel@longbeachchapel.com

Please Print Legibly. This application is part of your legal file with our Notary. Check your work carefully to ensure accuracy.

Couples Address

Address _____ City _____ State _____
Zip Code _____ County _____

Contact Info

Phone _____
Number _____ Email _____

Party A

ID type _____ ID number _____ Exp _____
First name _____
Middle Name _____
Last name _____
Last Name at Birth (if different) _____
Birth Date _____ State or (if not USA) Country of Birth _____
of Marriages _____ Ended in (Divorce) (Annul) (Death) Date Ended _____
Fathers Full Name _____
Fathers State or (if not USA) Country of Birth _____
Mothers Full **MAIDEN** Name _____
Mothers State or (if not USA) Country of Birth _____

Party B

ID type _____ ID number _____ Exp _____
First name _____
Middle Name _____
Last name _____
Last Name at Birth (if different) _____
Birth Date _____ State or (if not USA) Country of Birth _____
of Marriages _____ Ended in (Divorce) (Annul) (Death) Date Ended _____
Fathers Full Name _____
Fathers State or (if not USA) Country of Birth _____
Mothers Full **MAIDEN** Name _____
Mothers State or (if not USA) Country of Birth _____

Party A New Name (optional): Middle: _____ Last: _____

Party B New Name (optional): Middle: _____ Last: _____

We the undersigned declare that all the information above is true and correct to the best of our knowledge.

Signature _____ Signature _____