

## CHAMPAIGN COUNTY MARRIAGE APPLICATION AND RECORD

State File Number \_\_\_\_\_

<b>County</b> Champaign		License Number _____						
<b>Partner A</b>	First Name _____		Middle Name _____	Last Name _____	Suffix _____	Last Name on Birth Certificate _____		
	Street and Number or R.F.D _____		City _____	County _____	State _____	Zip Code _____ Country _____		
	Date of Birth (mm/dd/yyyy) _____	Age _____	City of Birth _____	Birthplace(State or Foreign Country) _____		Social Security Number _____		
	Occupation _____			Phone Number _____		Email _____		
	Parent's Name (First, Middle, Last) _____		Birth Name _____	Parent's Address _____			Birthplace(State or Foreign Country) _____	
	Parent's Name (First, Middle, Last) _____		Birth Name _____	Parent's Address _____			Birthplace(State or Foreign Country) _____	
<b>Partner B</b>	First Name _____		Middle Name _____	Last Name _____	Suffix _____	Last Name on Birth Certificate _____		
	Street and Number or R.F.D _____		City _____	County _____	State _____	Zip Code _____ Country _____		
	Date of Birth (mm/dd/yyyy) _____	Age _____	City of Birth _____	Birthplace(State or Foreign Country) _____		Social Security Number _____		
	Occupation _____			Phone Number _____		Email _____		
	Parent's Name (First, Middle, Last) _____		Birth Name _____	Parent's Address _____			Birthplace(State or Country) _____	
	Parent's Name (First, Middle, Last) _____		Birth Name _____	Parent's Address _____			Birthplace(State or Country) _____	
If Parties Are Related to Each Other - Specify Relationship _____								
Race Specify (Caucasian _____)		Education (Highest Grade Completed) _____		Number of This Civil Union and Marriages _____		If previously Married or in a Civil Union- Last Civil Union /Marriage Ended by Death, Dissolution etc _____		
African-American, Native American, Asian, etc) _____		Elementary or Secondary (1-12) _____	College (1- 4 or 5+) _____	Specify (e.g. First, Second) _____		Specify How _____	Specify When (mm/dd/yyyy) _____	
Specify Where (County and State) _____								
<b>Partner A</b>								
<b>Partner B</b>								
Of Hispanic/Latin Origin? _____ If yes, specify (Cuban, Mexican, Puerto Rican etc) _____		<b>Partner A</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Specify _____			<b>Partner B</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Specify _____			

Please print off completed application and bring to your appointment with the County Clerk's office  
OR

E-mail to: [vitals@co.champaign.il.us](mailto:vitals@co.champaign.il.us) and please include your appointment date and time in the e-mail. This allows for faster processing during your appointment!