

## CHAMPAIGN COUNTY MARRIAGE APPLICATION AND RECORD

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

<b>County Champaign</b>		<b>License Number</b>					
<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)			
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"/>		<b>Partner B</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		Specify _____	

Now that you have completed the marriage license, please follow the next steps.

1. Make an appointment to complete the license process. You can make an appointment **HERE**.
2. Email the application to **vitals@co.champaign.il.us** or print it and bring it with you to your appointment.