

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics

County _____
License No. _____
Date of Application _____
Valid Date of License _____

APPLICATION TO MARRY IN IOWA

Type or print legibly in black ink. Do not use all capital letters.

PARTY A – INFORMATION (To be completed by the first applicant) (Optional) Bride Groom Spouse

LEGAL NAME BEFORE MARRIAGE _____
(First) (Middle) (Current Last) (Last name prior to any marriage)

LEGAL NAME AFTER MARRIAGE _____
(First) (Middle) (Last)

CURRENT RESIDENCE ADDRESS AT TIME OF APPLICATION _____
(State) (County) (City, Town or Location) GENDER _____
(Optional)

DATE OF BIRTH _____ BIRTH PLACE _____
(Month, Day, Year) (State or Foreign Country of Birth)

PARENTS _____
(Father's Current Full Name) (Mother's Full Name Prior to Any Marriage)

PARTY B – INFORMATION (To be completed by the second applicant) (Optional) Bride Groom Spouse

LEGAL NAME BEFORE MARRIAGE _____
(First) (Middle) (Current last) (Last name prior to any marriage)

LEGAL NAME AFTER MARRIAGE _____
(First) (Middle) (Last)

CURRENT RESIDENCE ADDRESS AT TIME OF APPLICATION _____
(State) (County) (City, Town or Location) GENDER _____
(Optional)

DATE OF BIRTH _____ BIRTH PLACE _____
(Month, Day, Year) (State or Foreign Country of Birth)

PARENTS _____
(Father's Current Full Name) (Mother's Full Name Prior to Any Marriage)

SIGNATURE NOTARIZATIONS (Show valid identification and sign in front of a Notary Public)

PARTY A SIGNATURE (current legal name) _____
State of _____, County of _____ ss
Signed and affirmed in my presence _____
Write name exactly as it appears on photo I.D.

Notary Public's Signature Date Signed

Notary Address & Expiration

PARTY B SIGNATURE (current legal name) _____
State of _____, County of _____ ss
Signed and affirmed in my presence _____
Write name exactly as it appears on photo I.D.

Notary Public's Signature Date Signed

Notary Address & Expiration

SEAL/STAMP

SEAL/STAMP

*** CONFIDENTIAL INFORMATION REQUIRED BY LAW – NOT FOR PUBLIC VIEWING ***

PARTY A – SOCIAL SECURITY NUMBER _____ PARTY B – SOCIAL SECURITY NUMBER _____

**AFFIDAVIT OF COMPETENT AND DISINTERESTED PERSON
as to age and qualification of the contracting parties**

The State of _____ , _____ County, ss.

I, _____ affirm that I am acquainted with
_____, and they are _____ years of age; and that I am acquainted with
_____, and they are _____ years of age.

I affirm that I am a lawfully competent and disinterested person and impartial to the result of this pending transaction. I further depose and say that they are both unmarried and capable of entering into any civil contract, that there is no legal disability to the marriage of said parties, and that their marriage is to be solemnized in the State of Iowa.

(Print Name Legibly) (Street Address)

(Signature) (City, State, Zip Code)

NOTARY PUBLIC SIGNATURE TO AFFIDAVIT OF DISINTERESTED PERSON

State of _____ , County of _____ ss

Signed and affirmed in my presence _____
Write name exactly as it appears on photo I.D.

Notary Public's Signature Date Signed

Notary Address & Expiration

SEAL/STAMP

Notary Public cannot serve as disinterested person.

NOTICE TO APPLICANTS: PLEASE READ CAREFULLY!

- Applicants age 16 or 17 years old must also present a completed Consent to Marriage form for approval to a judge of the district court in the county from which the marriage license is to be obtained.
- Per the Code of Iowa, Section 595.3A: The laws of this state affirm your right to enter into this marriage and at the same time to live within the marriage under the full protection of the laws of this state with regard to violence and abuse. Neither of you is the property of the other. Assault, sexual abuse, and willful injury of a spouse or other family member are violations of the laws of this state and are punishable by the state.
- Applicants' social security numbers are collected in accordance with Iowa Code Section 595.4 and 42 USC 405(c)(2), as amended by Section 1090(b) of Public Law 105-34. The law authorizes the Internal Revenue Service (IRS) to use the social security numbers for determining Earned Income Tax Credit compliance on income tax returns and to authorize the State Registrar to report the social security number to the Child Support Recovery Unit.
- *\$35.00 fee must accompany this application.*
- *Return this form and fee to the County Registrar of Vital Records in the county where you want your record to be filed.*
- *Review Marriage Instructions handout for more details about obtaining the certified copy of your Certificate of Marriage.*

Please complete below if you wish the County Registrar to follow-up if your marriage record has not been filed within one year of your anticipated date.

Anticipated Ceremony Date _____ Anticipated Officiant _____