124 -

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

APPLICATION/REPORT OF MARRIAGE

	LICENSE NUMBER											
VS 700	1. FIRST PARTY'S NAME (First, Middle, Last)					1a. LAST NAME PRIOR TO FIRST MARRIAGE (if different) 1b. S				1b. SOCIAI	L SECURITY NO.	
Rev. 7-15 MO 580-0717 (7-15)	2. AGE LAST BIRTHDAY 3. DATE OF BIRTH (Month, Day, Year)					4. BIRTHPLACE (State or Foreign Co			Country)	4a. Sex Male Female		
FIRST	5a. RESIDENCE - CITY, TOWN, OR LOCATION 5b. STATE							5c. ZIP CODE	5d. COUN	TY		
PARTY	6. NUMBER OF THIS MARRIAGE -	7. IF PREVIOUSLY MARRIED, LAST MARRIA ENDED			MARRIAGE			merican Indian, Black tc. <i>(Specify below)</i>		9. EDUCATION (Specify only highest grade complete		
TYPE/PRINT IN	First, Second, etc. (Specify below)	By:	Date: (Month, Year)		r)				Elementary/Secondary College (0-12) (1-4 or 5+)			
PERMANENT BLACK INK.		7a.		7b.			1 White				1	
FOR		2 Death		1			2 🗆 Black				1	
INSTRUCTIONS SEE HANDBOOK.		3 Divorce, dissolution, or annulment		 			3 ☐ American Indian 4 ☐ Other					
	10. SECOND PARTY'S NAME (First, Middle, Last)						LAST NAME PRIOR TO FIRST MARRIAGE (if different) 11. SOCIAL SECURITY NO.					
	12. AGE LAST BIRTHDAY	/ 13. DATE OF BI	Day, Year)			14. BIRTHPLACE (State or Foreign C		n Country)	nuntry) 14a. Sex			
SECOND	15a. RESIDENCE - CITY, TOWN, OR LOCATION			15b. STATE			15c. ZIP CODE		15d. COUI	15d. COUNTY		
PARTY	16. NUMBER OF THIS MARRIAGE -	17. IF PREVIO	RIED, LAST	D, LAST MARRIAGE		18. RACE - American Indian, Black, White, etc. (Specify below)			19. EDUCATION (Specify only highest grade completed)			
	First, Second, etc. (Specify below)	By:		Date: (Month, Year)		r)	Trinte, etc. (epochy zelen)		Elementa	ry/Secondary 0-12)	College (1-4 or 5+)	
	(openly bolow)	·		17b.			1 D White		,	7-12)	1	
		2 🗆 Death	2 Death		 		2 🗆 Black				1	
		3 ☐ Divorce, dissolution,		 			3 American Indian				1	
	or annulment ;			PROVIDE	PROVIDED IS CORRECT		4 Other	T OF OUR KNOW	VI EDGE AND	RELIEE A	ND THAT WE	
	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT FREE TO MARRY UNDER THE LAWS OF THIS STATE.										IND IIIAI WE	
SIGNATURES	20. FIRST PARTY'S SIGN	IATURE			2	21. SE	COND PARTY'S	S SIGNATURE				
OIGNATOTIES	•						•					
AFFIX SEAL	22. SUBSCRIBED TO AND SWORN TO BEFORE ME ON (Month, Day, Year) (Time)						24. DATE AND TIME LICENSE ISSUE (Month, Day, Year) (Time)					
LOCAL OFFICIAL	25. NAME OF RECORDER OF DEEDS 2					26. SIG	6. SIGNATURE AND TITLE OF OFFICIAL					
OTTIOIAL	► DEPU									DEPUTY		
CEREMONY	27. DATE CEREMONY PERFORMED (Month, Day, Year)					WN, OF	R LOCATION	28	Bb. WHERE MA	RRIED - CO	JNTY	
	29. NAME OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY: (If Minor)						30. RELATIONSHIP TO APPLICANT					
	31a. ADDRESS OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY:						31b. STATE			31c.	ZIP CODE	
	I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE.											
PARENTAL CONSENT	33. NAME OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY: (If Minor)						34. RELATIONSHIP TO APPLICANT					
CONSENT	35a. ADDRESS OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY:						35b. STATE			35c.	ZIP CODE	
AFFIX	I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE.						ENT OR LEGAL GUARDIAN					
SEAL	37. PARENTAL CONSENT SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year) 38. SIGNATURE AND					TITLE OF OFFICIAL						
l						DEPUTY						