

## MARRIAGE LICENSE INSTRUCTIONS

Please fill out the application worksheet and email back to : [countyclerk@lasallecountyil.gov](mailto:countyclerk@lasallecountyil.gov) along with a photo copy of both applicant's I.D.'s (just the front of the ID).

The cost for the license is \$35.00, which you will pay when you both come into the clerk's office to sign your license.

There is a 1 day waiting period, but the license is good for 60 days.

Do not forget to fill out the bottom portion where it says education and race. You do not have to fill out the portion where it says: AFFIDAVIT AND MARRIAGE RECORD. You will sign when you both come in for your license.

Please put your mother's maiden name on the application, not married name.

When is your wedding date?

When will you BOTH come in to sign your application?

Please let us know so we can have all of your information entered into our marriage program.

Thank you,

Jennifer Ebner  
**LaSalle County Clerk**  
**815-434-8211**  
**707 E Etna Rd.**  
**P.O. Box 430**  
**Ottawa, IL 61350**  
[www.lasallecountyil.gov](http://www.lasallecountyil.gov)



**State of Illinois**  
Illinois Department of Public Health

**STATE OF ILLINOIS**  
**MARRIAGE APPLICATION AND RECORD**

**DATE TO SIGN** \_\_\_\_\_  
**RELATED:**  **NONE**  **REMARriage**  
 **OR SPECIFY** \_\_\_\_\_

**PUBLISH IN LOCAL PAPER**  **YES**  **NO**  
**COPY OF BOTH I.D.'S**  **YES**  **NO**

**TYPE / PRINT  
IN  
PERMANENT  
BLACK INK**

COUNTY <b>LA SALLE COUNTY ONLY</b>	LICENSE NUMBER	STATE FILE NUMBER
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**GROOM**  
 **BRIDE**  
 **SPOUSE**

**A**

1a. NAME <b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	1b. LAST NAME ON BIRTH CERTIFICATE
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2a. RESIDENCE — STREET AND NUMBER OR R.F.D.	2b. CITY, TOWN, TWP., OR ROAD DIST. NO.	2c. COUNTY	2d. STATE
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3a. DATE OF BIRTH (MONTH, DAY, YEAR)	3b. AGE	3c. SEX	3d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	4. SOCIAL SECURITY NUMBER	5. USUAL OCCUPATION
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6a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)	6b. ADDRESS	6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
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7a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)	7b. ADDRESS	7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
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8a. NAME <b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	8b. LAST NAME ON BIRTH CERTIFICATE
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9a. RESIDENCE — STREET AND NUMBER OR R.F.D.	9b. CITY, TOWN, TWP., OR ROAD DIST. NO.	9c. COUNTY	9d. STATE
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10a. DATE OF BIRTH (MONTH, DAY, YEAR)	10b. AGE	10c. SEX	10d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. SOCIAL SECURITY NUMBER	12. USUAL OCCUPATION
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13a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)	13b. ADDRESS	13c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
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14a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)	14b. ADDRESS	14c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
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15. IF PARTIES ARE RELATED TO EACH OTHER — SPECIFY RELATIONSHIP	16. THIS LICENSE EFFECTIVE ON:
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WE HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF OUR KNOWLEDGE, THAT WE ARE FREE TO INTERMARRY UNDER THE LAWS OF THIS STATE AND THE LAWS OF THE JURISDICTION WHERE WE RESIDE.

17. GROOM/BRIDE/SPOUSE A (SIGN FULL NAME)	18. GROOM/BRIDE/SPOUSE B (SIGN FULL NAME)
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19. SUBSCRIBED AND SWORN TO BEFORE ME ON:	20. SIGNATURE OF COUNTY CLERK	BY
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21. DATE OF MARRIAGE (MONTH, DAY, YEAR)	22. PLACE OF MARRIAGE (CITY, VILLAGE OR TOWN, IF RURAL, GIVE TWP. NAME OR ROAD DIST.)	23. TYPE OF CEREMONY (RELIGIOUS OR CIVIL)
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24. NAME OF OFFICIANT	25. TITLE
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26. DATE RECORDED (MONTH, DAY, YEAR)	27. SIGNATURE OF COUNTY CLERK	BY
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DEPUTY

INFORMATION FOR STATISTICAL PURPOSES ONLY

RACE	EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY ENTERED INTO A MARRIAGE/CIVIL UNION — LAST MARRIAGE/CIVIL UNION ENDED BY DEATH, DISSOLUTION OR INVALIDITY OF MARRIAGE/CIVIL UNION		
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SPECIFY (E.G., WHITE, BLACK, AMERICAN INDIAN)	ELEMENTARY OR SECONDARY (0-12)	COLLEGE (1-4 OR 5+)	FIRST, SECOND, ETC. (SPECIFY)	SPECIFY HOW	SPECIFY WHEN (MONTH, DAY, YEAR)	SPECIFY WHERE (COUNTY AND STATE [ABBREVIATED])
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28.	29.	30a.	30b.	30c.	30d.
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31.	32.	33a.	33b.	33c.	33d.
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34. OF HISPANIC ORIGIN? SPECIFY NO OR YES. IF YES, SPECIFY. (E.G., CUBAN, MEXICAN, PUERTO RICAN)	GROOM/ BRIDE/ SPOUSE A	34a. □ NO    □ YES SPECIFY:	GROOM/ BRIDE/ SPOUSE B	34b. □ NO    □ YES SPECIFY:
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PLEASE PROVIDE PHONE NUMBERS WHERE YOU CAN BE REACHED IN CASE WE HAVE ANY QUESTIONS REGARDING YOUR APPLICATION. GROOM'S # \_\_\_\_\_

BRIDE'S # \_\_\_\_\_

