

MARRIAGE LICENSE INSTRUCTIONS

Please fill out the application worksheet and email back to :
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



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 LA SALLE COUNTY ONLY		LICENSE NUMBER				STATE FILE NUMBER							
1a. NAME <i>FIRST</i>		<i>MIDDLE</i>				<i>LAST</i>		1b. LAST NAME ON BIRTH CERTIFICATE					
2a. RESIDENCE — STREET AND NUMBER OR R.F.D.		2b. CITY, TOWN, TWP., OR ROAD DIST. NO.		2c. COUNTY		2d. STATE							
3a. DATE OF BIRTH (MONTH, DAY, YEAR)		3b. AGE	3c. SEX	3d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		4. SOCIAL SECURITY NUMBER		5. USUAL OCCUPATION					
6a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)				6b. ADDRESS				6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)					
7a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)				7b. ADDRESS				7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)					
8a. NAME <i>FIRST</i>		<i>MIDDLE</i>				<i>LAST</i>		8b. LAST NAME ON BIRTH CERTIFICATE					
9a. RESIDENCE — STREET AND NUMBER OR R.F.D.		9b. CITY, TOWN, TWP., OR ROAD DIST. NO.		9c. COUNTY		9d. STATE							
10a. DATE OF BIRTH (MONTH, DAY, YEAR)		10b. AGE	10c. SEX	10d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. SOCIAL SECURITY NUMBER		12. USUAL OCCUPATION					
13a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)				13b. ADDRESS				13c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)					
14a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)				14b. ADDRESS				14c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)					
15. IF PARTIES ARE RELATED TO EACH OTHER — SPECIFY RELATIONSHIP						16. THIS LICENSE EFFECTIVE ON:							
AFFIDAVIT 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)							
19. SUBSCRIBED AND SWORN TO BEFORE ME ON:				20. SIGNATURE OF COUNTY CLERK BY DEPUTY									
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)					
24. NAME OF OFFICIANT						25. TITLE							
26. DATE RECORDED (MONTH, DAY, YEAR)				27. SIGNATURE OF COUNTY CLERK BY 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							
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])	
28.		29.		30a.		30b.		30c.		30d.			
31.		32.		33a.		33b.		33c.		33d.			
34. OF HISPANIC ORIGIN? SPECIFY NO OR YES. IF YES, SPECIFY. (E.G., CUBAN, MEXICAN, PUERTO RICAN)				GROOM/BRIDE/SPOUSE A 34a. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				GROOM/BRIDE/SPOUSE B 34b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:					

PLEASE PROVIDE PHONE NUMBERS WHERE YOU CAN BE REACHED IN CASE WE HAVE ANY QUESTIONS REGARDING YOUR APPLICATION. GROOM'S # _____

BRIDE'S # _____

