Marriage License Application Ransom County Recorder · 204 5th Ave W · PO Box 666 · Lisbon, ND 58054 · (701) 683-6115 APPLICANT 1 (Groom) Full Name: _____ Middle Address: Address Citv Zip Code County: _____ Phone#: Date of Birth: _____ Age: ____ SSN#: ____ _____ Single/Never Married Gender: M F Marital Status: Single/Spouse Deceased **Divorced** (Certified Copy of Divorce Decree Must be Attached) Are you related to your fiancée? No Yes If yes, state relationship New Surname: New Middle Name: _____ APPLICANT 2 (Bride) Full Name: Middle Address: Address County: ____ Phone#: _____ Age: _____ SSN#: ____ Date of Birth: Marital Status: _____ Single/Never Married Gender: M _____ Single/Spouse Deceased _____ Divorced (Certified Copy of Divorce Decree Must be Attached) Are you related to your fiancée? No Yes If yes, state relationship New Middle Name: _____ _____ New Surname: _____ (List Middle Name Only) (List Last Name Only) WEDDING DETAILS Date of Wedding: Ceremony Location: Officiant: Witness Name: _____ Witness Name: ____ (For the Ceremony) OATH By signing this form, you are under oath to swear to tell the truth and provide accurate information on the application for a marriage license. Any falsifying of information could result in charges of a Class A Misdemeanor punishable by up to (1) year in prison or a \$3000 fine or both. These applicants state that they were placed under oath prior to providing the above information and that they were aware of the penalties for providing false information. (DO NOT SIGN THIS FORM PRIOR TO YOUR APPOINTMENT.) Applicant Name: _____ Applicant Signature: _____ Date Signed:

Applicant Name: _____ Applicant Signature: _____

Date Signed: _____