

# Questionnaire for Marriage License Application

Ransom County Recorder · 204 5<sup>th</sup> Ave W · PO Box 666 · Lisbon, ND 58054 · (701) 683-6115

## APPLICANT 1 (Groom)

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Address City State Zip Code

County: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single/Never Married Gender: M \_\_\_\_\_ F \_\_\_\_\_  
\_\_\_\_\_ 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)

## APPLICANT 2 (Bride)

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Address City State Zip Code

County: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single/Never Married Gender: M \_\_\_\_\_ F \_\_\_\_\_  
\_\_\_\_\_ 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) (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: \_\_\_\_\_

*\*Payment (check or cash) must be received before your application is processed.*