

# Commonwealth of Virginia

## M Marriage Application – GROOM

FULL NAME: \_\_\_\_\_ SSN/DMV CONTROL #: \_\_\_\_\_  
*(first) (middle) (last)*

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
*(years) Month / Day / Year (State or Foreign Country)*

RACE: \_\_\_\_\_ NUMBER OF THIS MARRIAGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
*(first, second, etc.) Widowed/Divorced (if previously married)*

EDUCATION: \_\_\_\_\_ COLLEGE: \_\_\_\_\_  
*(grades 0-12) (1-4 or 5+)*

USUAL RESIDENCE: \_\_\_\_\_  
*(Street address or Rt. number)*

CITY OR TOWN OF RESIDENCE: \_\_\_\_\_  
*(zip code)*

COUNTY: \_\_\_\_\_  
*(only complete if not an independent city)*

STATE OR FOREIGN COUNTRY: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER: \_\_\_\_\_