# Wedding Date: Today’s Date:

WORKSHEET FOR MARRIAGE LICENSE FOR A SOUTH CAROLINA WEDDING

($45.00 Non-Refundable CASH ONLY )

To expedite the marriage license application process, you may email this completed for to the court [afogle@calhouncounty.sc.gov](mailto:afogle@calhouncounty.sc.gov) at least 24 hours before your appointment to visit the court. If the court receives this form 24 hours prior to your visit, you can take your marriage license with you at your visit. Otherwise, the license will be issued no less than 24 hours after your visit to the court.

# PLEASE PRINT NEATLY

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant A (Groom / Spouse #1)** | | SSN: | | | | No. of this Marriage: | | | | | |
| Last Name: | First Name: | | | Middle Name: | | | | Suffix: | | | Sex: |
| Birth Date: | Age: | Birth County: | | | Birth State: | | Race: | | | | |
| Street Address: | | City: | | | State: | | Zip: | | | | |
| County: | Phone: | Email: | | | | | | | | | |
| Last name on birth certificate (if different): | | HAVE YOU EVER BEEN FOUND BY A COURT TO BE MENTALLY INCOMPETENT? (yes or no) | | | | | | | | | |
|  | | | | | | | | | | | |
| **Applicant B (Bride/ Spouse #2)** | | SSN: | | | | No. of this Marriage: | | | | | |
| Last Name: | First Name: | | | Middle Name: | | | | | Suffix: | Sex: | |
| Birth Date: | Age: | Birth County: | | | Birth State: | | Race: | | | | |
| Street Address: | | City: | | | State: | | Zip: | | | | |
| County: | Phone: | | Email: | | | | | | | | |
| Last name on birth certificate (if different): | | HAVE YOU EVER BEEN FOUND BY A COURT TO BE MENTALLY INCOMPETENT? (yes or no) | | | | | | | | | |

I certify that the information provided above is true and correct:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant A Signature of Applicant B