Confidential Marriage License Application

MD:

The Long Beach Wedding Center

Phone: 562-472-2833 Fax: 562-436-4920 Email: chapel@longbeachchapel.com

Please Print Legibly. This application is part of your legal file with our Notary. Check your work carefully to ensure accuracy.

Couples Address				
Address		City	State	
Zip Code	County		State_	
Contact Info				
Phone				
Number		Email		
Party A				
ID type	ID numb	er		Exp
First name				
Middle Name				
Last name				
Last Name at Birth (Birth Date	(it aitterent)(if		-t	
Birth Date	State or (If	not USA) Cou	ntry of Birth	
# of Marriages	_ Enaea in (Divord	e) (Annui) (De	atn) Date Ended	
Fathers Full Name_	act LICA) Country	of Dirth		· · · · · · · · · · · · · · · · · · ·
Mothers Full MAIDE	Nome	OI DII (II		
Mothers Full MAIDE	not USA) Country	of Dirth		
Wolfiers State of (II	not USA) Country	OI DII II I		
Party B				
ID type	ID number			Evn
Middle Name				
Middle Name Last name				
Last Name at Birth ((if different)			
Birth Date			ntry of Birth	
# of Marriages	Ended in (Divorc	ce) (Annul) (De	ath) Date Ended	
Fathers Full Name_		, (, (
Fathers State or (if I	not USA) Country	of Birth		
Mothers Full MAIDE	N Name			
Mothers State or (if	not USA) Country	of Birth		
Party A New Name	(optional): Middle:		Last:	
Party B New Name	(optional): Middle:		Last:	
We the undersigned declar	are that all the informat	ion above is true a	nd correct to the best of c	our knowledge.
Signature		Signature		