CLERK OF THE COURT
SUPERIOR COURT OF ARIZONA

Michael K. Jeanes
Clerk

MARICOPA COUNTY
CUSTOMER SERVICE CENTER
601 West Jackson
Phoenix, Arizona 85003

(602) 506-3249
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MARRIAGE LICENSE APPLICATION FORM

☐ Traditional Marriage License ☐ Covenant Marriage License ☐ Covenant Conversion

Please Print: Information must be clear and accurate as it will appear on your marriage license.

Social Security numbers will only be provided to the Department of Economic Security for purposes of child support enforcement. They will not be released to anyone else without your written consent.

MALE: **(All information must be provided per A.R.S. §25-121)**

Legal Name: _____
First Middle Last

Current Address: _____
Street Address

_____
City State Zip Code

_____
Social Security Number Age
or ☐ I do not have a Social Security Number

FEMALE: **(All information must be provided per A.R.S. §25-121)**

Legal Name: _____
First Middle Last

Current Address: _____
Street Address

_____
City State Zip Code

_____
Social Security Number Age
or ☐ I do not have a Social Security Number

PLEASE PROVIDE THE ADDRESS WHERE YOU MAY BE CONTACTED AFTER YOUR MARRIAGE.

_____
Name

_____
Street Address City State Zip Code

_____
E-Mail Address Phone

☐ PRE-PAY FOR A CERTIFIED COPY OF CERTIFICATE OF MARRIAGE
☐ PRE-PAY FOR A CERTIFIED ABSTRACT OF MARRIAGE