19-cv-01	149-RDA	-IDD Docu	men 3	CATIO	FOR M	/25/15	LICENS	4 of 4	PageID# 517	
CIRCUIT COURT	FOR CITY OR CO	DUNTY OF							CLERK'S NUMBER	
	k one)	☐ BRIDE		☐ GROOM			□ spouse			
1. FULL NAME								MAIDEN	DEN SURNAME (If different from last)	
2. SEX	3. AGE	4. DATE OF BIRTH	(Month, Day, Y	fear) 5	PLACE OF	BIRTH (state o	or foreign cou	intry)	6. SOCIAL SECURITY N	O. OR DMV NO.
7. RACEDECLINED TO ANSWER				8. NUME THIS N	ER OF IARRIAGE	□w			L STATUS (If previously married) DOWED DOWORCED	
10. EDUCATION (Specify only it grade complete	nighest led)	mentary or Secondar (0-12)		Callege (1-4 or 6+)		11. USUAI	. RESIDENCI	E: STREET	ADDRESS OR RT. NUMB	ER
11a. CITY OR TO	WN OF RESIDEN	CE	11b. County	(If Indepe	ndent city, le	ave blank)	11c. STATE	OR FORE	IGN COUNTRY)	
12. NAME OF PA	ARENT (first, midd	lie, last, suffix) (malde	n name If any)	12a, SEX	13. NAN	IE OF PARENT	(first, midd	le, last, aufi	ix) (malden name if any)	13a. SEX
		PARTY B (chec	k one)	BR	IDE	□G	ROOM		SPOUSE	
14. FULL NAME	(first)	(m)	ddfe)			(lest)	(auffix)	MAIDEN	BURNAME (If different fro	em last)
15. SEX	16 AGE	17. DATE OF BIRT	H (Month, Day,	, Year) 1	B. PLACE OF	BIRTH (state	or foreign co	ountry)	19. SOCIAL SECURITY	NO. OR DMV NO.
20. RACE DECLINED TO ANSWER				21. NUMBER OF (first, second, etc.) 22. THIS MARRIAGE				MARITAL STATUS (If previously married)  UNIDOWED DIVORCED		
23. EDUCATION Elementary or Secondary (Specify only highest grade completed) (0-12)				College (1-4 or 5+) 24. USUAL RESIDENCE: STREET				ADDRESS OR RT. NUMB	ER	
24a. CITY OR TO	WN OF RESIDEN	CE	24b. County (	if indepen	dent city, lea	ve blank)	24c. STA	TE (OR FOR	REIGN COUNTRY)	
26, NAME OF PA	ARENT(first, middi	e, last, suffix) (malder	name If any))	25a. SE	26. NAN	E OF PARENT	î (first, middi	ie, last, suffi	x) (maiden name if any)	26a, SEX
STATEMENT CURRENTLY WE FURTHE	IS ABOVE ARE TRU MARRIED NOR AF	JE. WE FURTHER MAI RE WE RELATED TO E HAT WILLFULLY AND I	KE OATH THAT ACH OTHER TO	NEITHER ( A PROHIB	OF THE PART HTED DEGRE	IES NAMED AB E. Chapter 3, Ti	IOVE WHO AF Itle 20, Code o	RE TO BE MA f Virginia.	ARVAFFIRM THAT ALL OF ARRIED IS LEGALLY INCO	THE MPETENT,
SIGNATURE(PARTY A)				SIGNATURE(PART				Y B)		
SUBSCRIBE	D AND SWORN TO	BEFORE ME THIS		DAY OF _		8		·	20	
REMARKS:	EMARKS: SIGNATURE  CLERK OF COURT OR DEPUTY									

