

Court I.D. Number

State File Number

**STATE OF GEORGIA**  
**Application Supplement – Marriage Report**

1. APPLICANT (1) NAME (FIRST, MIDDLE, LAST, GENERATION)		2. DATE OF BIRTH (month,day,yr)
3. APPLICANT 1 AGE/SEX	4. NUMBER OF THIS MARRIAGE (1 <sup>ST</sup> , 2 <sup>ND</sup> , etc.)	
5. APPLICANT (2) NAME (FIRST, MIDDLE, LAST, GENERATION)		6. MAIDEN LAST NAME
7. APPLICANT (2) DATE OF BIRTH (month, day,yr)	8. APPLICANT (2) AGE/SEX	9. NUMBER OF THIS MARRIAGE(1 <sup>ST</sup> , 2 <sup>ND</sup> , etc)
10. COUNTY OF APPLICATION	11. DATE OF THIS MARRIAGE	12. COUNTY WHERE MARRIAGE WILL OCCUR

**Please type or print all information on this Report.**

**WHEN YOU SWEAR OR AFFIRM THAT THE MAIN MARRIAGE APPLICATION IS TRUE AND CORRECT, YOU ARE ALSO SWEARING OR AFFIRMING THAT ALL OF THE INFORMATION YOU ENTERED ON THIS APPLICATION SUPPLEMENT FORM IS ALSO TRUE AND CORRECT**

**This report is required by State Law O.C.G.A. §§ 19-3-33 and 31-10-21.**

**The information on this Report is used to construct a marriage index and to prepare non-identifying statistical reports. No certified copies of this Report are issued.**

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