

Each party can print and fill out this form and bring it with them to the Clerk and Recorder's office when applying for a Marriage License.

STATE OF COLORADO APPLICATION FOR MARRIAGE LICENSE

\*\*\*(Please fill in all information as complete as possible)

Name Prefix: (Circle One) Mr Miss Ms

Full Legal Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
Number/Street (No PO Boxes) City State/Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last name at birth if different: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ City & State of Birth: \_\_\_\_\_

Father/Legal Guardian's FULL Name: \_\_\_\_\_  
First Middle Last

Father/Legal Guardian's City & State of Residence: \_\_\_\_\_  
(If deceased, please print "Deceased")

Your Present Marital Status: (Circle One) Single Widowed Divorced Married

Divorced or Widowed Date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

City & State Where Divorce/Death Took Place: \_\_\_\_\_

Type of Court Divorce Took Place (i.e. District Court, County Court, Etc.): \_\_\_\_\_

Your Previous Married Last Name: \_\_\_\_\_

Proof of Age: (Circle one) Valid Driver's License Passport Birth Certificate Other  
If "Other" specify: \_\_\_\_\_

Are the applicants related by blood? Y or N If yes, how? \_\_\_\_\_

RETURN INFORMATION: (Address you would like Marriage Certificate mailed to after recording)

Return Address: \_\_\_\_\_  
Number/Street/PO Box

Return Address: \_\_\_\_\_  
City State Zip

Bring completed forms to either office of the Chaffee County Clerk and Recorder to apply for a marriage license.

Salida Office:  
104 Crestone Avenue  
Monday through Friday  
8:00 – 5:00

Buena Vista:  
112 Linderman Avenue  
Monday, Wednesday, and Friday  
8:00 – 5:00