

**MARY GAITHER**  
**TIPTON COUNTY CLERK**  
220 HWY 51 N STE 2  
COVINGTON, TN 38019

**MARRIAGE LICENSE INFORMATION**

**APPLICANT 1**   **GROOM**    **BRIDE**    **PARTNER**

Applicant 1's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Father / Parent 1's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Mother / Parent 2's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Applicant 1's Address \_\_\_\_\_  
Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Applicant 1's Email \_\_\_\_\_

Applicant 1's Phone \_\_\_\_\_

Applicant 1's Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_

Race \_\_\_\_\_

Primary Education \_\_\_\_\_

College, No. Yrs. Completed \_\_\_\_\_

Marriage Number \_\_\_\_\_

How Prev. Marriage Ended \_\_\_\_\_

Date Prev. Marriage Ended \_\_\_\_\_

Gender \_\_\_\_\_

Next of Kin \_\_\_\_\_

Address \_\_\_\_\_

**APPLICANT 2**   **GROOM**    **BRIDE**    **PARTNER**

Applicant 2's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Father / Parent 1's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Mother / Parent 2's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Original Surname \_\_\_\_\_ Birth State \_\_\_\_\_

Applicant 2's Address \_\_\_\_\_  
Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Applicant 2's Email \_\_\_\_\_

Applicant 2's Phone \_\_\_\_\_

Applicant 2's Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_

Race \_\_\_\_\_

Primary Education \_\_\_\_\_

College, No. Yrs. Completed \_\_\_\_\_

Marriage Number \_\_\_\_\_

How Prev. Marriage Ended \_\_\_\_\_

Date Prev. Marriage Ended \_\_\_\_\_

Gender \_\_\_\_\_

Next of Kin \_\_\_\_\_

Address \_\_\_\_\_

**Address After Marriage**

Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Judge's Name \_\_\_\_\_

Date Judge Signed \_\_\_\_\_

**Premarital Counseling**

Did both applicants receive premarital counseling?    Yes     No

Are both applicants out of state?    Yes     No

**I hereby certify that the above statements are true**

**Applicant 1 Signature** \_\_\_\_\_

**Applicant 2 Signature** \_\_\_\_\_