

# WORK SHEET FOR PREPARATION OF MARRIAGE LICENSE FORM

LICENSE NUMBER \_\_\_\_\_

COUNTY \_\_\_\_\_

**APPLICANT  
1**

1a. NAME FIRST MIDDLE LAST			1b. LAST NAME AT BIRTH (If Different)		1c. GENDER (Optional)
2a. RESIDENCE-STATE		2b. COUNTY		2c. CITY, TOWN, OR LOCATION	
2d. INSIDE CITY LIMITS (Specify Yes or No)		2e. STREET AND NUMBER		3. BIRTHPLACE (COUNTY & STATE)	
4a. DATE OF BIRTH (Month, Day, Year)		4b. AGE		5a. PARENT'S NAME AT PARENT'S BIRTH	
5b. STATE OF BIRTH		5c. ADDRESS (If Living)		6a. PARENT'S NAME AT PARENT'S BIRTH	
6b. STATE OF BIRTH		6c. ADDRESS (If Living)		7. RACE (Optional)	
8. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify)		IF PREVIOUSLY MARRIED		10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED	
9a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		9b. DATE MONTH YEAR		ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)
					COLLEGE (1, 2, 3, 4, or 5)

**APPLICANT  
2**

11a. NAME FIRST MIDDLE LAST			11b. LAST NAME AT BIRTH (If Different)		11c. GENDER (Optional)
12a. RESIDENCE-STATE		12b. COUNTY		12c. CITY, TOWN, OR LOCATION	
12d. INSIDE CITY LIMITS (Specify Yes or No)		12e. STREET AND NUMBER		13. BIRTHPLACE (COUNTY & STATE)	
14a. DATE OF BIRTH (Month, Day, Year)		14b. AGE		15a. PARENT'S NAME AT PARENT'S BIRTH	
15b. STATE OF BIRTH		15c. ADDRESS (If Living)		16a. PARENT'S NAME AT PARENT'S BIRTH	
16b. STATE OF BIRTH		16c. ADDRESS (If Living)		17. RACE (Optional)	
18. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify)		IF PREVIOUSLY MARRIED		20. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED	
19a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		19b. DATE MONTH YEAR		ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)
					COLLEGE (1, 2, 3, 4, or 5)

DHHS 1607 (Revised 10/2014)  
N.C. Vital Records

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

<u>RACE (Optional)</u>	<u>ABBREVIATIONS</u>
White . . . . .	Wh
Black . . . . .	Blk
African-American . . . . .	AfrAm
American Indian . . . . .	AmInd
Alaska Native . . . . .	AlaNat
Asian Indian . . . . .	AsInd
Chinese . . . . .	Chin
Filipino . . . . .	Fili
Japanese . . . . .	Japa
Korean . . . . .	Kore
Vietnamese . . . . .	Viet
Other Asian . . . . .	OAsi

<u>RACE (Optional)</u>	<u>ABBREVIATIONS</u>
Native Hawaiian . . . . .	NatHaw
Guamarian . . . . .	Guam
Chamorro . . . . .	Cham
Samoan . . . . .	Samo
Other Pacific Islander . . . . .	OPacls
Mexican . . . . .	Mexi
Mexican-American . . . . .	MexAm
Chicano . . . . .	Chica
Puerto Rican . . . . .	PueRi
Cuban . . . . .	Cuba
Other Spanish/Hispanic/Latino . . . . .	OSpHiLa
Other . . . . .	Oth

Applicant 1 Social Security #:

Applicant 2 Social Security #: