

# VIRGIN ISLANDS OF THE UNITED STATES LICENSE AND CERTIFICATE OF MARRIAGE

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

LICENSE NUMBER

STATE FILE NUMBER

1. PARTY 1 NAME (First, Middle, Last) \_\_\_\_\_ 2. AGE LAST BIRTHDAY \_\_\_\_\_

3a. RESIDENCE-CITY, TOWN, OR LOCATION \_\_\_\_\_ 3b. COUNTY OR ISLAND \_\_\_\_\_

**Party 1**

3c. STATE \_\_\_\_\_ 4a. BIRTHPLACE (State or Foreign Country) \_\_\_\_\_ 4b. DATE OF BIRTH (Mo., Day, Yr.) \_\_\_\_\_ 5. SSN. SEC. NO. \_\_\_\_\_

6a. FATHER'S NAME (First, Middle, Last) \_\_\_\_\_ 6b. BIRTHPLACE (State or Foreign Country) \_\_\_\_\_ 7a. MOTHER'S NAME (First, Middle, Maiden Surname) \_\_\_\_\_ 7b. BIRTHPLACE (State or Foreign Country) \_\_\_\_\_

Ea. PARTY 2 NAME (First, Middle, Last) \_\_\_\_\_ 8b. MAIDEN SURNAME (if different) \_\_\_\_\_ 9. AGE LAST BIRTHDAY \_\_\_\_\_

10a. RESIDENCE-CITY, TOWN, OR LOCATION \_\_\_\_\_ 10b. COUNTY OR ISLAND \_\_\_\_\_

**Party 2**

10c. STATE \_\_\_\_\_ 11 a. BIRTHPLACE (State or Foreign Country) \_\_\_\_\_ 11 b. DATE OF BIRTH (Mo., Day, Yr.) \_\_\_\_\_ 12. SSN. SEC. NO. \_\_\_\_\_

13a. FATHER'S NAME (First, Middle Last) \_\_\_\_\_ 13b. BIRTHPLACE (State or Foreign Country) \_\_\_\_\_ 14a. MOTHER'S NAME (First, Middle Maiden Surname) \_\_\_\_\_ 14b. BIRTHPLACE (State or Foreign Country) \_\_\_\_\_

**SIGNATURES**

**WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.**

15. PARTY 1 SIGNATURE \_\_\_\_\_ 16. PARTY 2 SIGNATURE \_\_\_\_\_

**LICENSE TO MARRY**

This License Authorizes the Marriage in This State of the Parties Named Above by any Person Duly Authorized to Perform a Marriage Ceremony under the Laws of the State of \_\_\_\_\_ 17. EXPIRATION DATE (Month, Day, Year) \_\_\_\_\_

18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year) \_\_\_\_\_ 19. SIGNATURE OF ISSUING OFFICIAL \_\_\_\_\_ 20. TITLE OF ISSUING OFFICIAL \_\_\_\_\_

21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year) \_\_\_\_\_ 22a. WHERE MARRIED-CITY, TOWN, OR LOCATION \_\_\_\_\_ 22b. ISLAND \_\_\_\_\_

**CEREMONY**

23a. SIGNATURE OF PERSON PERFORMING CEREMONY \_\_\_\_\_ 23b. NAME (Type/Print) \_\_\_\_\_ 23c. TITLE \_\_\_\_\_

23d. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code) \_\_\_\_\_

24a. SIGNATURE OF WITNESS TO CEREMONY \_\_\_\_\_ 24b. SIGNATURE OF WITNESS TO CEREMONY \_\_\_\_\_

**LOCAL OFFICIAL**

25. SIGNATURE OF COURT REGISTRATION OFFICIAL \_\_\_\_\_ 26. DATE FILED BY COURT (Month, Day, Year) \_\_\_\_\_

**CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.**

27. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	28. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		29. RACE-American Indian, Black, White, etc. (Specify below)	30. EDUCATION Specify only highest grade completed)	
	By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)		Elementary / Secondary (0-12)	College (1-4 or 5 +)
Party 1 27a	28a.	28b.	29a.	30a.	
Party 2 27b.	28c.	28d.	29b.	30b.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE - NATIONAL CENTER FOR HEALTH STATISTICS - 1989 REVISION