



\_\_\_\_\_  
PRINT First, Middle, Last Name of GROOM

\_\_\_\_\_  
PRINT First, Middle, Last Name of BRIDE

DO HEREBY SWEAR AND AFFIRM THAT THE INFORMATION GIVEN ON THE  
AFFIDAVIT IS THE TRUTH.

No County Court Judge of Clerk of the Circuit Court in this State shall issue a license for the marriage of any person unless there shall be first presented and filed with him an affidavit in writing, signed by both parties – to the marriage, providing the social security number of each party, made and subscribed before some person authorized by law to administer an oath. Pursuant to the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, each party is required to provide his or her social security number in accordance with this section. Disclosure of social security numbers obtained through this requirement shall be limited to the purpose to administration of Title IV-D Program for child Support Enforcement.

\_\_\_\_\_  
Signature GROOM

\_\_\_\_\_  
Social Security Number  
Required by F.S. 741.04

\_\_\_\_\_  
Signature BRIDE

\_\_\_\_\_  
Social Security Number  
Required by F.S. 741.04

\_\_\_\_\_  
By: Deputy Clerk

\_\_\_\_\_  
Printed Name of Deputy Clerk

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced ID

\_\_\_\_\_  
GROOM

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced ID

\_\_\_\_\_  
BRIDE

**NOTICE**

MARRIAGE LICENSE EXPIRES 60 DAYS FROM ISSURANCE. IF YOU DO NOT MARRY  
WITHIN THIS PERIOD (60 DAYS), YOU WILL BE REQUIRED TO PURCHASE ANOTHER  
LICENSE. NO REFUNDS OR EXTENSIONS ARE PERMITTED.  
LICENSE EXPIRES ON: \_\_\_\_\_

Marriage Application No.: \_\_\_\_\_

Groom: \_\_\_\_\_

Bride: \_\_\_\_\_

We have attested that we:

- \_\_\_\_\_ Have completed the marriage preparation course.
- \_\_\_\_\_ Have obtained and read or otherwise accessed the information contained in the handbook or other electronic media presentation of the rights and responsibilities of the parties to a marriage specified in section 741.0306, Florida Statutes.

Grooms' Signature: \_\_\_\_\_

Bride's Signature: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF WAKULLA

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
By: Deputy Clerk

\_\_\_\_\_  
Printed Name of Deputy Clerk