

## Miami-Dade County-Clerk of Courts Marriage Pre-Application Worksheet

Please complete the following information which is required to process your marriage license. Your Social Security number is required by FSS #741.04. Information noted with an \* is required by vital statistics and will not be recorded.

### Groom/Spouse Information:

1a. First Name:	1b. Middle Name:	1c. Last Name:
		1d. Maiden Surname (if different):
2a. Residence (City, Town, or Location):	2b. Residence County:	2c. Residence State or Foreign Country:
3a. Date of Birth (Mo., Day, Yr.):  _____/_____/_____	3b. State or Country of Birth:	4. Social Security Number:
5. *Race (please check one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other 5a. *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Did you complete a premarital preparation course? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please attach the completion form.</i> 7. If Bride/Spouse is not present, explain: _____	
8a. *Number of this marriage: ____ Enter '1' for first marriage and skip 8b and 8c.	8b.*If previously married, enter date ended (Mo., Day, Yr.):  _____/_____/_____	8c. *If previously married, check how ended:  <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment

### Bride/Spouse Information:

9a. First Name:	9b. Middle Name:	9c. Last Name:
		9d. Maiden Surname ( If different ) :
10a. Residence (City, Town, or Location):	10b. Residence County:	10c. Residence State or Foreign Country:
11a. Date of Birth (Mo., Day, Yr.):  _____/_____/_____	11b. State or Country of Birth:	12. Social Security Number:
13. *Race (please check one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other 13a. *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	14. Did you complete a premarital preparation course? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please attach the completion form.</i> 15. If Groom/Spouse is not present, explain: _____	
16a. *Number of this marriage: ____ Enter '1' for first marriage and skip 16b and 16c.	16b.*If previously married, enter date ended (Mo., Day, Yr.):  _____/_____/_____	16c.*If previously married, check how ended:  <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment

### General Information:

17a. Mailing Street:	17b. Mailing City:	17c. Mailing State:	17d. Mailing Zip:
18. Telephone:	19. E-mail Address:		
20. Do you want our clerk to marry you today? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, you must be eligible and pay a ceremony fee.</i>			

## Miami-Dade County Clerk of Court Marriage Pre-Application Worksheet

**OFFICE HOURS AND LOCATION:**

9:00 A.M. TO 4:00 P.M., MONDAY THROUGH FRIDAY (APPLICANTS ARE REQUESTED TO ARRIVE BY 3:30 P.M.).

**NOTE:** OFFICE WILL BE CLOSED DURING LEGAL HOLIDAYS.

<b>Central Office:</b>	601 N.W. 1st Court 19th Floor	Room 1900
<b>North Dade Justice Center:</b>	15555 Biscayne Blvd.	Room 100
<b>Martin Luther King Office Plaza:</b>	2525 N.W. 62nd Street	Room 1200(A)
<b>Miami Beach:</b>	1130 Washington Ave.	Room 200
<b>S. Dade Government Center</b>	10710 S.W. 211th Street	Room 1200
<b>Coral Gables:</b>	3100 Ponce De Leon Blvd.	
<b>Hialeah:</b>	11 East 6th Street	Room 100

**MARRIAGE LICENSE SERVICES AND FEES:**

Marriage Application .....	\$ 86.00	Deluxe Marriage Certificate.....	\$ 10.00
Ceremony .....	\$ 30.00	Certificate of Status Search .....	\$ 9.00
Certified Copy.....	\$ 7.00	Duplicate .....	\$ 30.00
Search Fee .....	\$ 2.00	Amendment .....	\$ 30.00
Additional Certified Copy Each .....	\$ 7.00		
Search Fee (per year prior to 1972).....	\$ 2.00		

PAYMENTS ARE ACCEPTED IN CASH, VISA, MASTER CARD, AMEX, CASHIERS CHECKS, AND MONEY ORDERS. NO **PERSONAL CHECKS** ARE ACCEPTED FOR APPLICATION OR CEREMONY FEE.

**MARRIAGE LICENSE INFORMATION:**

- BOTH PARTIES (BRIDE/SPOUSE AND GROOM/SPOUSE) **MUST** APPLY IN PERSON.
- A CEREMONY **MUST** BE PERFORMED WITHIN **SIXTY (60) DAYS** OF THE ISSUANCE OF THE LICENSE.
- IF EITHER APPLICANT HAS BEEN PREVIOUSLY MARRIED, **EXACT DATE** OF **LAST** DIVORCE, DEATH OR ANNULMENT MUST BE PROVIDED.
- **IDENTIFICATION PAPERS:** ONE (1) VALID ID IS REQUIRED WITH THE APPLICANT'S **PICTURE, SIGNATURE, AND DATE OF BIRTH.** (DRIVER'S LICENSE, PASSPORT, MILITARY ID, ALIEN REGISTRATION OR STATE OF FLORIDA ID CARDS ARE ACCEPTABLE).
- A SOCIAL SECURITY NUMBER IS ONLY REQUIRED IF ONE HAS BEEN ISSUED TO YOU.

**FOR FLORIDA RESIDENTS**

- EVERY MARRIAGE LICENSE ISSUED WILL HAVE A 3-DAY WAITING PERIOD. AT THE POINT OF ISSUANCE THE APPLICANTS WILL BE HANDED THE ORIGINAL LICENSE TO TAKE WITH THEM. THE LICENSE WILL STATE THE EFFECTIVE AND EXPIRATION DATE.
- THE COUPLE MAY ELECT TO TAKE A PRE-MARITAL COURSE THROUGH A REGISTERED PROVIDER. BY PRESENTING A COURSE COMPLETION CERTIFICATE THE COUPLE WILL RECEIVE A \$25.00 DISCOUNT AND THE 3-DAY WAITING PERIOD WILL BE WAIVED.
- A LIST OF PROVIDERS MAY BE VIEWED ONLINE OR AT ANY OF THE COURT LOCATIONS LISTED ABOVE. THE COURT DOES NOT PROVIDE THE COURSE.

**APPLICANTS 16 OR 17 YEARS OF AGE:**

IN ADDITION TO THE ABOVE LISTED REQUIREMENTS, THE FOLLOWING DOCUMENTS MUST BE PRESENTED AT THE TIME OF APPLICATION.

- MINOR'S BIRTH CERTIFICATE SHOWING PARENTS NAMES
- PARENTAL CONSENT MUST BE OBTAINED FROM BOTH PARENTS UNLESS PROOF OF
- SOLE CUSTODY CAN BE PROVIDED BY A DEATH CERTIFICATE, DIVORCE DECREE OR COURT ORDER.

*APPLICANTS UNDER 16 YEARS OF AGE MUST CONTACT THE CLERK'S OFFICE.*

FOR FURTHER ASSISTANCE AND INFORMATION YOU MAY CALL THE AUTOMATED INFORMATION SERVICE AT (305) 275-1155.

### AMERICANS WITH DISABILITIES ACT OF 1990

**If you are a person with a disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Miami-Dade County Court's ADA Coordinator at 175 N.W. 1st Avenue, Suite 2702, Miami, Florida, 33128, telephone numbers (305) 349-7175 for voice, (305) 349-7174 for TDD and (305) 349-7355 for fax, within two (2) working days of your receipt of this document; if you are hearing or voice impaired, call 711.**