

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics

Licencia de Matrimonio
APPLICATION FOR LICENSE TO MARRY IN IOWA

Type or print legibly in black or dark blue ink. Do not use all capital letters.

County _____
 License No. _____
 Date of Application _____
 Valid Date of License _____

PARTY A (Information to be completed by the first applicant) Check One (Optional) Bride Groom Spouse

FULL LEGAL NAME BEFORE MARRIAGE (Include any generational suffix after last name)
 First Middle (If any) Current Last (Surname) Last Name Prior to ANY Marriage
 Nombre Segundo Nombre Apellido Apellido Antes de Casarse
Novia Novio

FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE (Include any generational suffix after last name)
 First Name After Marriage Middle Name (If any) After Marriage Last Name (Surname) After Marriage
 Nombre Despues de Casarse Segundo Nombre Despues de Casarse Apellido Despues de Casarse

CURRENT PLACE OF RESIDENCE State (If not U.S., foreign country) City (Optional) County (Optional)
 Estado Ciudad (opcional) Condado (opcional)

STATE OF BIRTH (If not United States, name of foreign country) DATE OF BIRTH (Month, Day, Year) GENDER (Optional)
 Lugar de Nacimiento (Estado o Pais Extranjero) Fecha de Nacimiento Género (opcional)

PARTY A'S PARENT Optional Check One Mother Father Parent
 Parent's Name Prior to any Marriage
 Nombre Completo del Padre (opcional)

PARTY A'S PARENT Optional Check One Mother Father Parent
 Parent's Name Prior to any Marriage
 Nombre Completo de la Madre Antes de Casarse (opcional)

PARTY A

PARTY B (Information to be completed by the second applicant) Check One (Optional) Bride Groom Spouse

FULL LEGAL NAME BEFORE MARRIAGE (Include any generational suffix after last name)
 First Middle (If any) Current Last (Surname) Last Name Prior to ANY Marriage
 Nombre Segundo Nombre Apellido Apellido Antes de Casarse
Novia Novio

FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE (Include any generational suffix after last name)
 First Name After Marriage Middle Name (If any) After Marriage Last Name (Surname) After Marriage
 Nombre Despues de Casarse Segundo Nombre Despues de Casarse Apellido Despues de Casarse

CURRENT PLACE OF RESIDENCE State (If not U.S., foreign country) City (Optional) County (Optional)
 Estado Ciudad (opcional) Condado (opcional)

STATE OF BIRTH (If not United States, name of foreign country) DATE OF BIRTH (Month, Day, Year) GENDER (Optional)
 Lugar de Nacimiento (Estado o Pais Extranjero) Fecha de Nacimiento Género (opcional)

PARTY B'S PARENT Optional Check One Mother Father Parent
 Parent's Name Prior to any Marriage
 Nombre Completo del Padre (opcional)

PARTY B'S PARENT Optional Check One Mother Father Parent
 Parent's Name Prior to any Marriage
 Nombre Completo de la Madre Antes de Casarse (opcional)

PARTY B

SIGNATURE NOTARY AFFIRMATION (Each party must sign and date this form in the presence of an authorized Notary Public. Each party must show valid U.S. government-issued identification when signing. The Notary Public completes and signs below.)

PARTY A: I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

PARTY B: I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

NOTARY PUBLIC *X* Firma de Party A Fecha
 PARTY A SIGNATURE Date Signed

X Firma de Party B - Fecha
 PARTY B SIGNATURE Date Signed

State of _____ County of _____ ss

State of _____ County of _____ ss

Signed and affirmed by Nombre de Party A
 Write name exactly as appears on I.D.

Signed and affirmed by Nombre de Party B
 Write name exactly as appears on I.D.

X Firma de Notario Fecha
 Notary Public's Signature for Party A Date Signed

X Firma de Notario Fecha
 Notary Public's Signature for Party B Date Signed

Notary Address & Expiration

Notary Address & Expiration

NOTARY SEAL

NOTARY SEAL

AFFIDAVIT OF COMPETENT AND DISINTERESTED PERSON
as to age and qualification of the contracting parties

Type or print legibly in black or dark blue ink. Do not use all capital letters.

I, the below noted disinterested person, affirm that I am acquainted with Nombre Completo del Novio,
who is edad years of age; and that I am acquainted with Nombre Completo de la Novia,
who is edad years of age.

I affirm that I am a lawfully competent and disinterested person and impartial to the result of this pending transaction. I further affirm that both parties are unmarried and able to enter into a civil contract, that there is no legal disability to the marriage of said parties, and that their marriage is to be solemnized in a ceremony performed by an authorized officiant within the State of Iowa.

NOTARY PUBLIC SIGNATURE TO AFFIDAVIT OF DISINTERESTED PERSON

Notary Public cannot serve as disinterested person.

I affirm that the information I provided above is true and accurate to the best of my knowledge.

NOTARY
PUBLIC'S
SEAL

X Firma de Testigo Fecha
Disinterested Person Signature Date Signed

State of _____ County of _____ ss

Signed and affirmed in my presence by Nombre de Testigo
Write name exactly as appears on I.D.

X Firma de Notario Fecha
Notary Public's Signature Date Signed

Notary Address & Expiration

NOTICE TO APPLICANTS: PLEASE READ CAREFULLY!

- Applicants aged 16 or 17 years old must also present a completed Consent to Marriage form for approval to a judge of the district court in the county from which the marriage license is to be obtained. Age 15 and under may NOT marry in Iowa.
- Pursuant to Iowa Code section 595.3A, the laws of this state affirm a party's right to enter into this marriage and at the same time to live within the marriage under the full protection of the laws of this state with regard to violence and abuse. Neither party to the marriage is the property of the other. Assault, sexual abuse, and willful injury of a spouse or other family member are violations of the laws of this state and are punishable by the state.
- Applicants' social security numbers are collected pursuant to Iowa Code section 595.4 and 42 USC 405(c)(2), as amended by Section 1090(b) of Public Law 105-34. The law authorizes the Internal Revenue Service (IRS) to use social security numbers for determining Earned Income Tax Credit compliance on income tax returns and to authorize the State Registrar to report the social security number to the Child Support Recovery Unit.
- *The \$35.00 fee must accompany this application.*
- *Return this form and fee to the County Registrar of Vital Records in the county where you want your record to be filed.*
- *Review the Marriage Instructions handout for more details about obtaining the certified copy of your Certificate of Marriage.*

*** CONFIDENTIAL INFORMATION REQUIRED BY IOWA CODE SECTION 595.4 ***

*** ADMINISTRATIVE PURPOSES ONLY *** NOT FOR PUBLIC VIEWING, DISTRIBUTION OR PUBLICATION ***

Party A Social Security Number Numero de Seguro Party B Social Security Number Numero de Seguro
Anticipated Ceremony Date Fecha de la Ceremonia Anticipated Officiant Oficiante

Iowa
MARRIAGE CERTIFICATE
Address Update

County	
License No.	
Date of Application	
Valid Date of License	

The \$35 application fee for your License to Marry in Iowa includes one certified copy of your certificate of marriage after it has been properly registered. To ensure that you receive your certified copy as intended:

- Complete this address update form;
- Give this form to the officiant who is performing your marriage ceremony;
- Return address update form and signed Certificate of Marriage within 15 days to the County listed above;
- The application fee is not refundable if the marriage event does not occur as planned.

Provide your complete mailing address and daytime phone number where you can be reached in case of problems.

Pick Up Mailed

Nombre de Pareja
 Couples' Names After Marriage

Dirección
 Street Address/Apt. #

P.O. Box # _____

Ciudad Estado Código Postal
 City State Zip

Numero de Teléfono
 Daytime Phone Number

*Complete **ONLY** if you are authorizing another entitled person to pick up the record:*

 Person authorized to pick up copy Relationship

Entitled person is your parents, grandparents, siblings, or children over the age of 18.

Marriage Officiant Name and Address:

 Officiant Name Street/P.O. Box, City, State, Zip