

MARRIAGE APPLICATION INSTRUCTIONS

Send completed application, along with check or money order (payable to the Polk County Recorder) to:

**POLK COUNTY RECORDER
VITAL RECORDS DEPARTMENT
111 COURT AVE STE 245
DES MOINES, IA 50309-2251**

If you have any questions, contact our Vital Records Department at 515-286-3781 or email info@polkrecorder.com

Once we have received the completed application, either of the parties to the application may pick up the license any time after 3 business days. If the license is not picked up within 6 months from the date of application, the application is considered null and void.

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

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

APPLICATION TO MARRY IN IOWA

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

PARTY A – INFORMATION *(To be completed by the first applicant)* (Optional) Bride Groom Spouse

LEGAL NAME BEFORE MARRIAGE _____
(First) (Middle) (Current Last) (Last name prior to any marriage)

LEGAL NAME AFTER MARRIAGE _____
(First) (Middle) (Last)

CURRENT RESIDENCE ADDRESS AT TIME OF APPLICATION _____

(State) (County) (City, Town or Location) GENDER _____
(Optional)

DATE OF BIRTH _____ BIRTH PLACE _____
(Month, Day, Year) (State or Foreign Country of Birth)

PARENTS _____
(Father's Current Full Name) (Mother's Full Name Prior to Any Marriage)

PARTY B – INFORMATION *(To be completed by the second applicant)* (Optional) Bride Groom Spouse

LEGAL NAME BEFORE MARRIAGE _____
(First) (Middle) (Current last) (Last name prior to any marriage)

LEGAL NAME AFTER MARRIAGE _____
(First) (Middle) (Last)

CURRENT RESIDENCE ADDRESS AT TIME OF APPLICATION _____

(State) (County) (City, Town or Location) GENDER _____
(Optional)

DATE OF BIRTH _____ BIRTH PLACE _____
(Month, Day, Year) (State or Foreign Country of Birth)

PARENTS _____
(Father's Current Full Name) (Mother's Full Name Prior to Any Marriage)

SIGNATURE NOTARIZATIONS *(Show valid identification and sign in front of a Notary Public)*

PARTY A SIGNATURE (current legal name)

State of _____, County of _____ ss

Signed and affirmed in my presence _____
Write name exactly as it appears on photo I.D.

Notary Public's Signature **Date Signed**

Notary Address & Expiration

SEAL/STAMP

PARTY B SIGNATURE (current legal name)

State of _____, County of _____ ss

Signed and affirmed in my presence _____
Write name exactly as it appears on photo I.D.

Notary Public's Signature **Date Signed**

Notary Address & Expiration

SEAL/STAMP

*** CONFIDENTIAL INFORMATION REQUIRED BY LAW – NOT FOR PUBLIC VIEWING ***

PARTY A – SOCIAL SECURITY NUMBER _____ PARTY B – SOCIAL SECURITY NUMBER _____



Julie M. Haggerty

Polk County Recorder
Registrar of Vital Records
Valeria J. Mason, 1st Deputy
www.polkrecorder.com

Marriage Certificate Address Update

Effective January 1, 2001, the \$35.00 application fee for your License to Marry in Iowa includes a certified copy of your marriage record after it has been properly registered. To ensure that you receive your certified copy as intended, please complete the following information so that we may have your correct information after marriage. The application fee is non-refundable if the marriage event does not occur as planned.

Please provide a complete mailing address and daytime phone number where you can be reached.

MAIL CERTIFIED COPY TO:

Couples' Names after Marriage

Street Address/Apt.#/Route#/P.O. Box

City

State

Zip Code

Daytime Contact Phone # _____