

TRIBAL MARRIAGE LICENSE APPLICATION

See instructions on the back of this form and on DPH 5152T (General & Detailed Instructions) before completing this form.

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| GROOM | 1a. GROOM - NAME First Full Middle CURRENT SURNAME | | | 1b. GROOM - BIRTH SURNAME | | 2. DATE OF BIRTH (Month / Day / Year) | | |
| | 3a. RESIDENCE - State | | 3b. RESIDENCE - County | | 3c. RESIDENCE (City, Village, or Township) | | 4. STATE OF BIRTH (If NOT in U.S., name of country) | |
| | 5. FATHER - NAME First Full Middle Birth Surname | | | 6. MOTHER - NAME First Full Middle Birth Surname | | | | |
| BRIDE | 7a. BRIDE - NAME First Full Middle CURRENT SURNAME | | | 7b. BRIDE - BIRTH SURNAME | | 8. DATE OF BIRTH (Month / Day / Year) | | |
| | 9a. RESIDENCE - State | | 9b. RESIDENCE - County | | 9c. RESIDENCE (City, Village, or Township) | | 10. STATE OF BIRTH (If NOT in U.S., name of country) | |
| | 11. FATHER - NAME First Full Middle Birth Surname | | | 12. MOTHER - NAME First Full Middle Birth Surname | | | | |
| 15. LICENSE NO. | | 16. ISSUED BY COUNTY CLERK (or Deputy) SIGNATURE > | | | 17. DATE ISSUED (Month / Day / Year) | | 18. ISSUING COUNTY | |

| PROOF OF ELIGIBILITY TO MARRY | P1. AGE | P2. PROOF OF AGE (It is illegal to photocopy a certified copy of a birth certificate) | P3. GUARDIANSHIP STATUS (Attach required notarized permission if "Yes.") | P4-5. TRIBAL MEMBERSHIP STATUS (At least one applicant must be a member of the Tribal Nation of issuance.) | P6. BLOOD RELATIVE STATUS |
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| a. GROOM | | <input type="checkbox"/> Certified Copy of Birth Certificate <input type="checkbox"/> Other: | Requires permission from parent or guardian to marry? <input type="checkbox"/> Yes <input type="checkbox"/> No | Member of this Tribal Nation? Yes <input type="checkbox"/> No | Are the bride and groom related? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," declare relationship. |
| b. BRIDE | | <input type="checkbox"/> Certified Copy of Birth Certificate <input type="checkbox"/> Other: | Requires permission from parent or guardian to marry? <input type="checkbox"/> Yes <input type="checkbox"/> No | Member of this Tribal Nation? Yes <input type="checkbox"/> No | |
| PROOF OF ELIGIBILITY TO MARRY Continued | P7. IF FIRST COUSINS (Even if by 1/2 blood) Attach proof if "Yes." | P8. NUMBER OF THIS MARRIAGE (1, 2, 3, etc.) | P9. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY: | P10. DATE LAST MARRIAGE ENDED (Month / Day / Year) | P11. PROOF OF HOW LAST MARRIAGE ENDED (Required if this is not first marriage) |
| a. GROOM | Proof of sterility required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 1. <input type="checkbox"/> Divorce 2. <input type="checkbox"/> Annulment 3. <input type="checkbox"/> Death | | 1. <input type="checkbox"/> Divorce/Annulment Decree 2. <input type="checkbox"/> Divorce/Annulment Cert. 3. <input type="checkbox"/> Death Certificate 4. <input type="checkbox"/> Other: |
| b. BRIDE | Proof of sterility required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Age 55 or over | | 1. <input type="checkbox"/> Divorce 2. <input type="checkbox"/> Annulment 3. <input type="checkbox"/> Death | | 1. <input type="checkbox"/> Divorce/Annulment Decree 2. <input type="checkbox"/> Divorce/Annulment Cert. 3. <input type="checkbox"/> Death Certificate 4. <input type="checkbox"/> Other: |
| P12. APPLICATION TAKEN BY | | P13. FEE PAID \$ | P14. 5-DAY WAITING PERIOD WAIVED <input type="checkbox"/> Yes <input type="checkbox"/> No | P15. WAIVER FEE PAID \$ | P16. WAIVER NO. |

The issue of the license shall not be deemed to remove or dispense with any legal disability, impediment, or prohibition rendering marriage between the parties illegal. The license is valid for 30 days after the date issued by the County Clerk, per s. 765.12, Wis. Stats.

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| P17. STATE OF WISCONSIN _____ County } SS I, (Print Name) _____ hereby swear or affirm that the information provided on this application is correct to the best of my knowledge and belief and that I am free to marry under the laws of this state on the date of the intended marriage. > _____ SIGNATURE - Groom (Male) Subscribed and sworn to or affirmed before me this _____ day of _____ in the year _____ > _____ SIGNATURE - Tribal Clerk or Deputy _____ Tribal Nation, Wisconsin | P18. STATE OF WISCONSIN _____ County } SS I, (Print Name) _____ hereby swear or affirm that the information provided on this application is correct to the best of my knowledge and belief and that I am free to marry under the laws of this state on the date of the intended marriage. > _____ SIGNATURE - Bride (Female) Subscribed and sworn to or affirmed before me this _____ day of _____ in the year _____ > _____ SIGNATURE - Tribal Clerk or Deputy _____ Tribal Nation, Wisconsin |
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| 19. DATE OF MARRIAGE (Month / Day / Year) | 20a. COUNTY OF MARRIAGE (and Reservation if applicable) | 20b. CITY, VILLAGE, TOWNSHIP | 20c. STATUS (Check one.) <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township |
| 23. OFFICIANT NAME | | 25a. OFFICIANT TITLE (Wisconsin Judge, Court Commissioner, or Licensed/Ordained Clergy) | |
| 25b. OFFICIANT MAILING ADDRESS (Street, City, State, ZIP Code) | | | 25c. OFFICIANT TELEPHONE NUMBER () |
| WARNING: Per ss. 765.08 and 765.20, Wis. Stats., persons intending to marry in the state must complete this form and obtain a valid license to marry before the marriage can take place. Any person falsely swearing to or affirming any parts of this application has violated s. 765.30, Wis. Stats., and may be fined not more than \$10,000 or imprisoned not more than 9 months, or both. The non confidential portion of this form is an open record and may be reviewed by any member of the public. Reports of fraudulent information will be reported to local law enforcement. This office reserves the right to verify information provided by the applicants, including information on the status of prior marriages. | | | |
| If this form is used as the marriage docket, information in items 31 through 35 must be detached and inaccessible to public inspection. | | | |
| CONFIDENTIAL INFORMATION [ss. 69.20 (2) and 69.16, Wis. Stats.] Information collected below is confidential except as noted. | | | |
| 1. Social Security Numbers may only be released for Child Support Enforcement program purposes per s. 69.20(3), Wis. Stats., and federal law 42 USC 666(a)(5). You must provide your Social Security number if you have been assigned a number. If you have a Social Security number but refuse to give it, the County Clerk cannot issue you a marriage license. | | | |
| 2. The street address entered below can be given to a law enforcement officer who requests this information under provisions of ss. 765.09 (3) and 765.20 (2), Wis. Stats. The length of time the address is kept on file varies by county. | | | |
| 3. The contact information may be given to the Register of Deeds or the State Vital Records Office, if necessary, to ensure the timely filing of an accurate and complete marriage certificate. If this form is used as the marriage docket, the information below must be detached and is not open to public inspection. | | | |
| 33. SOCIAL SECURITY NUMBER (If you do not have a Social Security Number, enter "None.") | 31. RACE (See list of recognized race designations and include Tribe if American Indian.) | 32. EDUCATION (Only highest grade completed) Elem./Secondary (0-12) College (1-4 or 5+) | 34. MARRIAGE LICENSE ISSUANCE METHOD <input type="checkbox"/> Will Pick up Or Mail to: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Officiant (address in 25b) <input type="checkbox"/> Other: |
| a. Groom's Number | | | 35. CONTACT INFORMATION FOR BRIDE AND GROOM a. Daytime Telephone (Include Area Code.) () |
| b. Bride's Number | | | b. Complete Mailing Address (Include ZIP Code.) |

Press CTRL + "P" to print form