

## MARRIAGE LICENSE INSTRUCTIONS

Please fill out the application worksheet and email back to : [countyclerk@lasallecountyil.gov](mailto:countyclerk@lasallecountyil.gov) along with a photo copy of both applicant's I.D.'s (just the front of the ID).

The cost for the license is \$35.00, which you will pay when you both come into the clerk's office to sign your license.

There is a 1 day waiting period, but the license is good for 60 days.

Do not forget to fill out the bottom portion where it says education and race. You do not have to fill out the portion where it says: AFFIDAVIT AND MARRIAGE RECORD. You will sign when you both come in for your license.

Please put your mother's maiden name on the application, not married name.

When is your wedding date?

When will you BOTH come in to sign your application?

Please let us know so we can have all of your information entered into our marriage program.

Thank you,

Jennifer Ebner  
**LaSalle County Clerk**  
**815-434-8211**  
**707 E Etna Rd.**  
**P.O. Box 430**  
**Ottawa, IL 61350**  
[www.lasallecountyil.gov](http://www.lasallecountyil.gov)



**State of Illinois**  
Illinois Department of Public Health

DATE TO SIGN \_\_\_\_\_  
RELATED:       NONE       REMARRIAGE  
                   OR SPECIFY \_\_\_\_\_  
PUBLISH IN LOCAL PAPER       YES       NO  
COPY OF BOTH I.D.'S       YES       NO

STATE OF ILLINOIS  
**MARRIAGE APPLICATION AND RECORD**

TYPE / PRINT  
IN  
PERMANENT  
BLACK INK

COUNTY	LICENSE NUMBER	STATE FILE NUMBER
LaSalle County		

**GROOM  
BRIDE  
SPOUSE**

A

1a. NAME	FIRST			MIDDLE			LAST		1b. LAST NAME ON BIRTH CERTIFICATE		
2a. RESIDENCE — STREET AND NUMBER OR R.F.D.				2b. CITY, TOWN, TWP., OR ROAD DIST. NO.			2c. COUNTY			2d. STATE	
3a. DATE OF BIRTH (MONTH, DAY, YEAR)		3b. AGE	3c. SEX	3d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		4. SOCIAL SECURITY NUMBER			5. USUAL OCCUPATION		
6a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)				6b. ADDRESS					6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
7a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)				7b. ADDRESS					7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
8a. NAME	FIRST			MIDDLE			LAST		8b. LAST NAME ON BIRTH CERTIFICATE		
9a. RESIDENCE — STREET AND NUMBER OR R.F.D.				9b. CITY, TOWN, TWP., OR ROAD DIST. NO.			9c. COUNTY			9d. STATE	
10a. DATE OF BIRTH (MONTH, DAY, YEAR)		10b. AGE	10c. SEX	10d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. SOCIAL SECURITY NUMBER			12. USUAL OCCUPATION		
13a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)				13b. ADDRESS					13c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
14a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)				14b. ADDRESS					14c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
15. IF PARTIES ARE RELATED TO EACH OTHER — SPECIFY RELATIONSHIP					16. THIS LICENSE EFFECTIVE ON:						
17. GROOM/BRIDE/SPOUSE A (SIGN FULL NAME)					18. GROOM/BRIDE/SPOUSE B (SIGN FULL NAME)						
19. SUBSCRIBED AND SWORN TO BEFORE ME ON:		20. SIGNATURE OF COUNTY CLERK BY  DEPUTY									
21. DATE OF MARRIAGE (MONTH, DAY, YEAR)		22. PLACE OF MARRIAGE (CITY, VILLAGE OR TOWN, IF RURAL, GIVE TWP. NAME OR ROAD DIST.)							23. TYPE OF CEREMONY (RELIGIOUS OR CIVIL)		
24. NAME OF OFFICIANT										25. TITLE	
26. DATE RECORDED (MONTH, DAY, YEAR)		27. SIGNATURE OF COUNTY CLERK BY  DEPUTY									
INFORMATION FOR STATISTICAL PURPOSES ONLY											
RACE	EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)			NUMBER OF THIS MARRIAGE	IF PREVIOUSLY ENTERED INTO A MARRIAGE/CIVIL UNION — LAST MARRIAGE/CIVIL UNION ENDED BY DEATH, DISSOLUTION OR INVALIDITY OF MARRIAGE/CIVIL UNION						
SPECIFY (E.G., WHITE, BLACK, AMERICAN INDIAN)	ELEMENTARY OR SECONDARY (0-12)	COLLEGE (1-4 OR 5+)	FIRST, SECOND, ETC. (SPECIFY)	SPECIFY HOW	SPECIFY WHEN (MONTH, DAY, YEAR)	SPECIFY WHERE (COUNTY AND STATE [ABBREVIATED])					
28.	29.		30a.	30b.	30c.	30d.					
31.	32.		33a.	33b.	33c.	33d.					
34. OF HISPANIC ORIGIN? SPECIFY NO OR YES. IF YES, SPECIFY. (E.G., CUBAN, MEXICAN, PUERTO RICAN)				34a. NO SPECIFY:	YES	34b. NO SPECIFY:			YES		
GROOM/ BRIDE/ SPOUSE A					GROOM/ BRIDE/ SPOUSE B						

PLEASE PROVIDE PHONE NUMBERS WHERE YOU CAN BE REACHED IN CASE WE HAVE ANY QUESTIONS REGARDING YOUR APPLICATION. GROOM'S # \_\_\_\_\_  
BRIDE'S # \_\_\_\_\_