

Paige Evans

From: Mary Kennedy
Sent: Friday, June 26, 2015 12:51 PM
To: DC_TDH_County_Directors; DC_TDH_Rural_Regional_Directors;
DC_TDH_Executive_Leadership_Team
Subject: FW: Applications for licenses to marry

From: Mary Kennedy
Sent: Friday, June 26, 2015 12:32 PM
To: 'West@COATN.com'
Subject: Applications for licenses to marry

Pursuant to the decision of the United States Supreme Court in the *Matter of Obergefell v. Hodges, et al.*, the following guidance is offered to county clerks in the event of an application for marriage license:

1. The online marriage application form should be populated using the spaces for “Applicant 1” and “Applicant 2.” The parties may choose which applicant each wishes to be. The actual certificate will reflect their choice of “Bride,” “Groom” or “Partner.”
2. The Tennessee Department of Health Certificate of Marriage may be interlineated on lines 1(a), 7(a), 13(a) and 13(b) to delete a designation which may be inappropriate. The applicable designation as selected by the couple (“bride,” “groom” or “partner”) may be printed in by hand.
3. New forms are being printed to simplify this process for the couple’s choice of designation.



Mary Kennedy | Deputy General Counsel

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Nashville, TN 37243

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tn.gov/health

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Our Mission – To protect, promote and improve the health and prosperity of people in Tennessee.

Print Form

Reset Form

FORMS JUSTIFICATION & APPROVAL REQUEST

General Services
Printing & Media Services Division

1 A. Agency/Division Health /PPA/Vital Records	1 B. Speedchart # HL00000222	2. Allotment Code 34320
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3. Form Title Certificate of Marriage	4. RDA No.
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5. Edition <input type="checkbox"/> New Form <input checked="" type="checkbox"/> Revised Form Number _____	6. Media Type: If electronic, where does info. reside? <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Electronic	<input type="checkbox"/> Internet <input type="checkbox"/> Intranet <input type="checkbox"/> PC	7. Public Oriented <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Printer <input checked="" type="checkbox"/> Printing Division <input type="checkbox"/> Agency Printshop <input type="checkbox"/> Outside Vendor	9. Est. Cost Per 1000 \$70.00
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10. Usage <input type="checkbox"/> Temporary <input type="checkbox"/> One-Time Only <input checked="" type="checkbox"/> Permanent	11. Est. Mo. Usage	12. Quantity to be Printed 25,000	13. Who Completes Form Public
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14. Justification and Purpose of Form: (enter this information for new and revised forms. If revised, describe any benefits to be derived from revision also)

Revised due to Supreme Court rules.

SPECIFICATIONS

15. Layout <input checked="" type="checkbox"/> One-sided Only <input type="checkbox"/> Two-sided	16. Number of Parts (NCR)	17. Number of Pages 1	18. Ink Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> Other
19. Size <input type="checkbox"/> 4.5 x 5.5 <input type="checkbox"/> 5.5 x 8.5 <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> Other 7 1/4 x 9	20. Paper Type <input type="checkbox"/> Cover <input checked="" type="checkbox"/> Bond <input type="checkbox"/> Index <input type="checkbox"/> Carbonless <input type="checkbox"/> Offset <input type="checkbox"/> Gummed Paper <input type="checkbox"/> Parchment <input type="checkbox"/> Other	21. Paper Color <input checked="" type="checkbox"/> White <input type="checkbox"/> Canary <input type="checkbox"/> Pink <input type="checkbox"/> Goldenrod <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Buff <input type="checkbox"/> Other	

22. Additional Information

23. Person Responsible for Form Kay Alfred	Location and Telephone Number 615-741-4411
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24. I certify that the purpose, justification, and other specifications are essential and correct for this requested form.

Signatures
 Wanda Benson, Agency Forms Management Officer, Date _____
 John Druegelman, MD, MPH, FACOEM, Agency Head, Date _____

PRINTING & MEDIA SERVICES DIVISION USE ONLY

25. Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	26. Form Number	27. Functional Code
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28. Remarks

29. Signature

 Director, Printing & Media Services Division Date



PRINTING REQUISITION
DEPARTMENT OF GENERAL SERVICES
PRINTING & MEDIA SERVICES DIVISION
 B-2 ANDREW JACKSON BLDG., NASHVILLE, TN 37243-0540
 615-741-1726 FAX 532-2311

GRAY SHADED AREA FOR PRINTING OFFICIAL USE ONLY

1 DATE 06/26/2015		2 CUST. REF. NO. H06058		3 FORM NO. PH1680		4 PUBLICATION NO.	
5 DEPARTMENT Health				6 DIVISION Vital Records			
7 CONTACT PERSON Wanda Benson		8 PHONE NO. 615-741-4411		9 FAX NO. and → Kathy Henson		14 ESTIMATE NO. 41371-6	
10 DELIVERY ADDRESS 10,500 - Floor A Johnson Vital Central Stores 16,000				15 TYPE OF SERVICE REQUESTED <input type="checkbox"/> NORMAL SERVICE <input checked="" type="checkbox"/> SPECIAL SERVICE		16 TYPE OF REQUEST <input type="checkbox"/> NEW - ONE TIME ONLY <input type="checkbox"/> NEW - FILE <input type="checkbox"/> REPRINT - FILE <input checked="" type="checkbox"/> REVISION - FILE <input type="checkbox"/> RETURN	
11 SPEED CHART NUMBER HL00000222				12 OBJECT CODE			
13 PRINTING JOB TITLE Certificate of Marriage							
17 QUANTITY 24,500 24,500		18 PAGES PRINT 1 SIDE 1 PRINT 2 SIDE TOTAL SHEETS 1		19 COVER <input type="checkbox"/> FRONT COVER <input type="checkbox"/> 1 SIDE <input type="checkbox"/> 2 SIDE <input type="checkbox"/> BACK COVER <input type="checkbox"/> 1 SIDE <input type="checkbox"/> 2 SIDE		20 PRINT <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO SIDE	
23 TYPESET: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> CHANGES				24 PAPER STOCK: TYPE/NAME TEXT 1 Bond 25% Cotton Content TEXT 2 <i>mc 17,800-7-75</i> COVER <i>JH</i> OTHER <i>Jens. 7-75</i> FURNISHED <i>see Highlighted note Below</i> ENVELOPE: SIZE _____ X _____ WINDOW <input type="checkbox"/>			
23B TRANSLATE DISK: <input type="checkbox"/> IBM/PC <input type="checkbox"/> MAC SOFTWARE _____ VERSION _____ FILE _____ FOLDER _____ DID YOU INCLUDE ALL FONTS AND GRAPHICS (SAVED SEPARATELY)? <input type="checkbox"/> YES <input type="checkbox"/> NO DID YOU ENCLOSE LASER PROOFS? <input type="checkbox"/> YES <input type="checkbox"/> NO				25 NCR NO. OF PARTS 3. _____ COLOR SEQUENCE 4. _____ 1. _____ 5. _____ 2. _____ <input type="checkbox"/> STD. PRECOLLATED SEQUENCE			
23C PROOFING: <input type="checkbox"/> SOFT PROOF BY E-MAIL <input type="checkbox"/> LASER PRINTS <input type="checkbox"/> COLOR MATCH PROOF IF ANY MATERIAL BEING REPRODUCED BY THE PRINTING DIVISION IS ENCUMBERED BY COPYRIGHT, IT IS THE RESPONSIBILITY OF THE REQUESTING AGENCY TO OBTAIN WRITTEN PERMISSION FOR ITS REPRODUCTION.				26 <input type="checkbox"/> NUMBER START _____ STOP _____ LOCATION _____ INK: <input type="checkbox"/> BLACK <input type="checkbox"/> RED			
SPECIAL INSTRUCTIONS Destroy old Stock 1000051660							
27 BINDERY <input type="checkbox"/> COLLATE <input type="checkbox"/> W/INSERTS <input type="checkbox"/> SLIP SHEETS <input type="checkbox"/> STAPLE <input type="checkbox"/> CORNER <input type="checkbox"/> SIDE NO. _____ <input type="checkbox"/> TOP NO. _____ <input type="checkbox"/> SADDLE <input type="checkbox"/> FOLD <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> OTHER _____ X _____ <input type="checkbox"/> COPY IN <input type="checkbox"/> COPY OUT		<input type="checkbox"/> TRIM ONLY _____ X _____ <input type="checkbox"/> DRILL NO. HOLES _____ <input type="checkbox"/> STANDARD <input type="checkbox"/> OVERSIZE _____ <input type="checkbox"/> MAILING TAB <input type="checkbox"/> 1 TAB <input type="checkbox"/> 2 TAB <input type="checkbox"/> MAILING LABEL <input type="checkbox"/> GBC PUNCH BINDERS COLOR _____		<input type="checkbox"/> PERFECT BIND <input type="checkbox"/> TAPE BIND <input type="checkbox"/> WRAPAROUND COVERS <input type="checkbox"/> DIE CUT TABS <input type="checkbox"/> LAMINATE TABS <input type="checkbox"/> REINFORCE DRILLED SIDE <input type="checkbox"/> 3-HOLE DRILL <input type="checkbox"/> PRE DIE CUT <input type="checkbox"/> DIE CUT OTHER <input type="checkbox"/> PERFORATE <input type="checkbox"/> SCORE		<input type="checkbox"/> PAD <input type="checkbox"/> NCR - MAGIC <input type="checkbox"/> OTHER _____ SHEETS _____ SETS _____ TOTAL PADS <input checked="" type="checkbox"/> WRAP <input checked="" type="checkbox"/> SHEETS <input type="checkbox"/> PADS <input type="checkbox"/> SETS <input type="checkbox"/> BOOKS <input type="checkbox"/> BOX - QTY. _____ <input type="checkbox"/> RUBBER BAND - QTY. _____ <input type="checkbox"/> OTHER _____	
28 AGENCY AUTHORIZING SIGNATURE <i>Kathy Henson 7/1/15</i>						29 DATE	
31 AGENCY RECEIVED AND APPROVED <i>mc 3 Bks. JH</i>						32 DATE	
						30 DELIVERY DATE REQUESTED	

S-0132 (Rev. 4/09)

CLEAR FORM

Sent 121 to A. Johnson - 7/2
package's

SUBMIT

RDA