

No - 2

# DONNA A. SIMPSON, BRADLEY COUNTY CLERK

PO BOX 46  
CLEVELAND, TN 37364  
Phone Number: 423-728-7226

MARRIAGE  
LICENSE

## RECEIPT FOR MARRIAGE LICENSE

DATE \_\_\_\_\_

TOTAL RECEIVED \_\_\_\_\_

APPLICANTS

### Certificate AFTER Obergefell v. Hodges

WJ wk23 Drawer:5 Site:1

DETACH ALONG THIS LINE

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

COUNTY CLERK RESPONSIBLE FOR COMPLETION OF ITEMS 1-14 and ITEMS 17-21.

OFFICIANT RESPONSIBLE FOR ITEMS 15 & 16.

TYPE OR PRINT IN PERMANENT BLACK INK

ALL SIGNATURES MUST BE IN PERMANENT BLACK INK.

APPLICANTS MUST SIGN IN THE PRESENCE OF THE CLERK ISSUING THE LICENSE.

PERSON PERFORMING CEREMONY MUST RETURN CERTIFICATE TO CLERK ISSUING LICENSE WITHIN 3 DAYS AFTER CEREMONY.

ALL ITEMS 1-21 MUST BE COMPLETED.

LICENSE COUNTY: _____ NUMBER: _____			TENNESSEE DEPARTMENT OF HEALTH		STATE FILE NO. _____
	<b>CERTIFICATE OF MARRIAGE</b>				
1a. <input type="checkbox"/> GROOM <input type="checkbox"/> BRIDE <input type="checkbox"/> PARTNER-1 NAME (First, Middle, Last)		1b. ORIGINAL SURNAME (If different)		1c. SOCIAL SECURITY NUMBER	
<b>Note the new choices-pick one</b>					
2a. RESIDENCE - STATE		2b. COUNTY		2c. CITY, TOWN, OR LOCATION	
2d. STREET AND NUMBER		3. BIRTHPLACE (State or Foreign Country)		4. DATE OF BIRTH (Month, Day, Year)	
5a. FATHER / PARENT-1 NAME (First, Middle, Original Surname)		5b. BIRTHPLACE (State or Foreign Country)		6a. MOTHER / PARENT-2 NAME (First, Middle, Original Surname)	
6b. BIRTHPLACE (State or Foreign Country)					
7a. <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> PARTNER-2 NAME (First, Middle, Last)		7b. ORIGINAL SURNAME (If different)		7c. SOCIAL SECURITY NUMBER	
<b>Note the new choices-pick one</b>					
8a. RESIDENCE - STATE		8b. COUNTY		8c. CITY, TOWN, OR LOCATION	
8d. STREET AND NUMBER		9. BIRTHPLACE (State or Foreign Country)		10. DATE OF BIRTH (Month, Day, Year)	
11a. FATHER / PARENT-1 NAME (First, Middle, Original Surname)		11b. BIRTHPLACE (State or Foreign Country)		12a. MOTHER / PARENT-2 NAME (First, Middle, Original Surname)	
<b>Note genderless choice</b>				<b>Note genderless choice</b>	
12b. BIRTHPLACE (State or Foreign Country)					
13a. <input type="checkbox"/> GROOM <input type="checkbox"/> BRIDE <input type="checkbox"/> PARTNER-1 NAME (Signature)		13b. <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> PARTNER-2 NAME (Signature)		13c. DATE SIGNED (Month, Day, Year)	
14. MAILING ADDRESS Street and Number _____ City _____ State _____ Zip _____					
15a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED BY ME, IN THE STATE OF TENNESSEE, IN THE COUNTY OF _____ ON _____ (Month, Day, Year)				15b. CEREMONY - RELIGIOUS OR CIVIL (Specify)	
15c. OFFICIANT - Signature				15d. DATE SIGNED (Month, Day, Year)	
<b>Note: Minister's signature "certifying" marriage</b>					
15e. OFFICIANT - NAME (Print)			15f. ADDRESS OF OFFICIANT		
16a. WITNESS TO CEREMONY - Signature			16b. ADDRESS OF WITNESS		
17a. COUNTY CLERK - SIGNATURE <i>Donna A. Simpson</i>				17b. DATE FILED BY COUNTY CLERK (Month, Day, Year)	

#### CONFIDENTIAL INFORMATION

18. RACE Native American, Black, White, Etc. (Specify Below)	19. Number Of This Marriage First, Second, Etc. (Specify)	20. If Previously Married How Last Marriage Ended (Specify below)	Date Ended (Mo, Day, Year)	21. Education Specify Highest Grade Completed	
18a.	19a.	20a. 1 <input type="checkbox"/> Not previously married 2 <input type="checkbox"/> By death 3 <input type="checkbox"/> By divorce or annulment	20b.	21a. Elementary or Secondary (0-12)	College (1-4 or 5+)
18b.	19b.	20c. 1 <input type="checkbox"/> Not previously married 2 <input type="checkbox"/> By death 3 <input type="checkbox"/> By divorce or annulment	20d.	21b.	

APPLICANT - 1

APPLICANT - 2