

MARRIAGE LICENSE APPLICATION

Health Analytics & Vital Records Section
Physical: 5441 Commercial Boulevard
Mailing: PO Box 110675
Juneau, AK 99811-0675
Phone: (907) 465-3391

Health Analytics & Vital Records Section
Physical: 3601 C Street, Suite 128
Anchorage, AK 99503
Phone: (907) 269-0991

Vital Records website: www.vitalrecords.alaska.gov
Alaska Court website: www.courts.alaska.gov/courtdir/index.htm

The information provided on the Marriage License Application will be used to prepare the Certificate of Marriage. Please print clearly with blue or black ink.

Party A	Party B
Name (First, Middle, Last)	Name (First, Middle, Last)
Social Security Number*	Social Security Number*

INSTRUCTIONS

- Each party must complete their section of the marriage license application.
- Once complete, submit your application to the office closest to where the ceremony occurs, either:
 - The Vital Records Section (VRS) office in Juneau or Anchorage; or
 - An Alaska Court. Court locations can be found here: www.courts.alaska.gov/courtdir/index.htm.
- Upon receipt of the application, both parties must wait three (3) business days before the Certificate of Marriage can be issued.
- **Either party may pick up the Certificate of Marriage at the VRS office or Alaska Court where the marriage license application was sent or dropped off, prior to the marriage ceremony.**
- To receive your Certificate of Marriage from the VRS office or Court:
 - Both parties must present government-issued photo ID (such as a driver's license, state-issued ID, passport, military ID, or Tribal/BIA card).
 - Both parties must be 18 years of age or older for a Certificate to be issued without consent from parents or legal guardian (*exception: applicant who is under the age of 18 and a member of the US armed forces on active duty*).
 - If either party is 16 or 17 years old, their legal parents or guardians must provide written consent along with the party's birth certificate that has been issued within the past 30 days.
 - If either party is 14 or 15 years old, a court order allowing the party to be married is required.
 - The number of previous marriages and the dates the marriages ended must be completed.
- The application fee is \$60.00. **This fee does NOT include a certified copy of the Certificate of Marriage.**
- Once the application fee has been paid, the Certificate of Marriage must be picked up within one year. After that year, the parties will need to reapply and pay another license fee.
- After the marriage has taken place and the Certificate has been signed by all parties, mail the original Certificate of Marriage to the VRS Juneau Office (address above) to be registered.
- Once the Certificate of Marriage has been signed, submitted, and registered, you may obtain a certified copy by submitting a request form. Marriage Certificate request forms can be found here: www.vitalrecords.alaska.gov

MARRIAGE LICENSE APPLICATION

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
HEALTH ANALYTICS & VITAL RECORDS SECTION
P.O. BOX 110675
JUNEAU, AK 99811-0675

Application Date
Marriage License Number
Date Issued

PARTY A Check One: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse	PARTY B Check One: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse
Current Name <i>(First, Middle, Last)</i>	Current Name <i>(First, Middle, Last)</i>
Last Name as Listed on Your Birth Certificate	Last Name as Listed on Your Birth Certificate
Street Address or PO Box	Street Address or PO Box
City / Town State / Country Zip Code	City / Town State / Country Zip Code
Telephone Number <i>(area code + number: xxx-xxx-xxxx)</i>	Telephone Number <i>(area code + number: xxx-xxx-xxxx)</i>
Date of Birth	Date of Birth
Place of Birth <i>(City, State, and/or Country)</i>	Place of Birth <i>(City, State, and/or Country)</i>

Is there any blood relationship between you and the other Party? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any blood relationship between you and the other Party? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any legal reason why this marriage should not be solemnized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any legal reason why this marriage should not be solemnized? <input type="checkbox"/> Yes <input type="checkbox"/> No

* Alaska law prohibits marriages between two people more closely related than first cousins. [See AS 25.05.021(2)]

Signature of both Parties	I do solemnly swear that the information given above is true and correct to the best of my knowledge and belief. <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center; font-weight: bold; font-size: small;"><i>Important: Do not sign until you are sworn in.</i></p>	I do solemnly swear that the information given above is true and correct to the best of my knowledge and belief. <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center; font-weight: bold; font-size: small;"><i>Important: Do not sign until you are sworn in.</i></p>
---------------------------	---	---

Magistrate, Notary, or Official Administering the oath	Subscribed and sworn to before me on: _____, 20 ____ _____ Signature, Title, and seal	Subscribed and sworn to before me on: _____, 20 ____ _____ Signature, Title, and seal
--	--	--

Consent (Attached)	Consent given <i>(necessary if under age 18)</i> : <input type="checkbox"/> Yes, attached	Consent given <i>(necessary if under age 18)</i> : <input type="checkbox"/> Yes, attached
--------------------	---	---

PARTY A	PARTY B
Number of this marriage (first, second, etc.): _____	Number of this marriage (first, second, etc.): _____
If previously married, last marriage ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment	If previously married, last marriage ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment

PREVIOUS MARRIAGES

PARTY A

PARTY B

First Previous Marriage

Date: _____ Place: _____ Spouse's Name: _____ Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: _____ At this place: _____	Date: _____ Place: _____ Spouse's Name: _____ Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: _____ At this place: _____
--	--

Second Previous Marriage

Date: _____ Place: _____ Spouse's Name: _____ Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: _____ At this place: _____	Date: _____ Place: _____ Spouse's Name: _____ Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: _____ At this place: _____
--	--

Third Previous Marriage

Date: _____ Place: _____ Spouse's Name: _____ Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: _____ At this place: _____	Date: _____ Place: _____ Spouse's Name: _____ Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: _____ At this place: _____
--	--

Fourth Previous Marriage

Date: _____ Place: _____ Spouse's Name: _____ Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: _____ At this place: _____	Date: _____ Place: _____ Spouse's Name: _____ Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: _____ At this place: _____
--	--