

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

MISSOURI DEPARTMENT OF HEALTH  
**APPLICATION/  
REPORT OF MARRIAGE**

LICENSE NUMBER \_\_\_\_\_

STATE FILE NUMBER \_\_\_\_\_

**2014RAM**

VS 700  
REV 6-97

MO 590-0717  
(6-97)

**FIRST PARTY**

1 FIRST PARTY'S NAME (First, Middle, Last)		1a BIRTH SURNAME (If different)		1b SOCIAL SECURITY NO	
2 AGE LAST BIRTHDAY		3 DATE OF BIRTH (Month, Day, Year)		4 BIRTHPLACE (State or Foreign Country)	
5a RESIDENCE - CITY, TOWN OR LOCATION		5b STATE		5c ZIP CODE	
5d COUNTY		6 NUMBER OF THIS MARRIAGE - First, Second, etc (Specify below)		7 IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
7a By		7b Date (Month, Year)		8 RACE - American Indian, Black, White, etc (Specify below)	
2 <input type="checkbox"/> DEATH		3 <input type="checkbox"/> Divorce, dissolution, or annulment		9 EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (1-12)	
				College (1-4 or 5+)	

**SECOND PARTY**

10 SECOND PARTY'S NAME (First, Middle, Last)		10a BIRTH SURNAME (If different)		11 SOCIAL SECURITY NO	
12 AGE LAST BIRTHDAY		13 DATE OF BIRTH (Month, Day, Year)		14 BIRTHPLACE (State or Foreign Country)	
15a RESIDENCE - CITY, TOWN OR LOCATION		15b STATE		15c ZIP CODE	
15d COUNTY		16 NUMBER OF THIS MARRIAGE - First, Second, etc (Specify below)		17 IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
17a By		17b Date (Month, Year)		18 RACE - American Indian, Black, White, etc (Specify below)	
2 <input type="checkbox"/> DEATH		3 <input type="checkbox"/> Divorce, dissolution, or annulment		19 EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (1-12)	
				College (1-4 or 5+)	

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE

**SIGNATURES**

20 FIRST PARTY'S SIGNATURE	21 SECOND PARTY'S SIGNATURE
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**AFFIX SEAL**

22 SUBSCRIBED TO AND SWORN TO BEFORE ME ON (Month, Day, Year) (Time)	23 COUNTY OF RECORDING	24 DATE AND TIME LICENSE ISSUED (Month, Day, Year) (Time)
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**LOCAL OFFICIAL**

25 NAME OF RECORDER OF DEEDS	28 SIGNATURE AND TITLE OF OFFICIAL
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**CEREMONY**

27 DATE CEREMONY PERFORMED (Month, Day, Year)	28a WHERE MARRIED - CITY, TOWN, OR LOCATION	28b WHERE MARRIED - COUNTY
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**PARENTAL CONSENT**

29 NAME OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY (If Minor)	30 RELATIONSHIP TO APPLICANT	
31a ADDRESS OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY	31b STATE	31c ZIP CODE

I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE	32 SIGNATURE OF PARENT OR LEGAL GUARDIAN
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33 NAME OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY (If Minor)	34 RELATIONSHIP TO APPLICANT	
35a ADDRESS OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY	35b STATE	35c ZIP CODE

I, THE ABOVE-NAMED PARENT OR LEGAL GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE	36 SIGNATURE OF PARENT OR LEGAL GUARDIAN
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**AFFIX SEAL**

37 PARENTAL CONSENT SUBSCRIBED TO AND SWORN TO BEFORE ME ON (Month, Day, Year)	38 SIGNATURE AND TITLE OF OFFICIAL
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**Please also include the following information:**

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Tentative Date for the Marriage:

First Party's Phone Number:

Second Party's Phone Number:

First Party's Address:

Second Party's Address: