

MARRIAGE LICENSE APPLICATION - \$60.00

Juneau Vital Records Office
5441 Commercial Boulevard
PO Box 110675 Juneau, AK 99811-0675
Phone: (907) 465-3391

Anchorage Vital Records Office
3901 Old Seward Hwy Suite 101
Anchorage, AK 99503
Phone: (907) 269-0991

Vital Records website: <http://www.vitalrecords.alaska.gov/>
Alaska Court website: www.courts.alaska.gov/court_dir/index.htm
Please call (907) 465-3391 if you have any questions.

The information provided on this 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

1. Each party must complete their section of the MARRIAGE LICENSE APPLICATION.
2. Application Requirements are as follows:
 - o Both parties must present Government-issued photo ID (Such as a driver's license, state-issued ID, passport, military ID, or Tribal/BIA card).
 - o **Both parties must sign in person and be sworn in by a Licensing Officer or Notary at the Juneau or Anchorage Vital Records Office, or an Alaska Courthouse if outside of Juneau or Anchorage.**
 - o Both parties must be 18 years of age or older for a License 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*).
 - o If either party is 16 or 17 years old, they must provide a court order and their Legal Parents or Guardians must provide written consent. A birth certificate must be provided to show age of the party(ies) under 18 years. If one party is 16 or 17, the parties cannot be more than 3 years different in age.
 - o No one younger than 16 years may be married in the State of Alaska.
 - o The number of Previous Marriages and the Dates the Marriages ended must be completed. If you were Divorced within the past 60 days, we will need a copy of your Divorce Decree / Order.
3. **The Marriage License Application fee is \$60.00, payable by check or money order and must be submitted with the application. Your License will be available for pickup after 3 business days.**
 - o Once the Application is complete, submit your application and fee to the office closest to where the ceremony occurs, either: The Vital Records Office in Juneau or Anchorage; OR
 - o An Alaska Court.
 - Court locations can be found here: www.courts.alaska.gov/court_dir/index.htm
4. The application is good for one year, however once the License is issued and picked up, it is only valid for 90 days. If you do not get married within that time frame, the License will be void and you must reapply, including another \$60.00 fee.
5. **After the marriage has taken place and the License has been signed by all parties, you must return the original License to a local Vital Records Office (in person or by mail) to be registered with the State of Alaska.**
6. **Your formal CERTIFICATE OF MARRIAGE which shows your marriage has been registered with the State (needed for insurance purposes and Name Change, etc.) is an additional \$30.00. This document may be ordered after you return your original Marriage License. The formal Certificate of Marriage Certificate Request Form can be found here: www.vitalrecords.alaska.gov**

MARRIAGE LICENSE APPLICATION

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

For Office Use Only:

Application Date
Marriage License Number
Date Issued

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

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)]

Signatures of both Parties

I do solemnly swear that the information given above is true and correct to the best of my knowledge and belief. _____ Important: Do not sign until you are sworn in.	I do solemnly swear that the information given above is true and correct to the best of my knowledge and belief. _____ Important: Do not sign until you are sworn in.
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Magistrate, Notary, or Official Administering the oath

Subscribed and sworn to before me on: _____, 20_____ Month Day Year _____ Signature, Title, and seal	Subscribed and sworn to before me on: _____, 20_____ Month Day Year _____ Signature, Title, and seal
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Consent (Attached)

Consent given (only necessary if under age 18): <input type="checkbox"/> Yes, attached	Consent given (only necessary if under age 18): <input type="checkbox"/> Yes, attached
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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: _____	Date: _____
State: _____	State: _____
Spouse's Name: _____	Spouse's Name: _____
Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment	Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment
On this Date: _____	On this Date: _____
State: _____	State: _____

Second Previous Marriage

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

Third Previous Marriage

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

Fourth Previous Marriage

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