READ BEFORE COMPLETING APPLICATION ON PAGES 2 AND 3

ADDITIONAL INFORMATION FOR NOTARY ON MARRIAGE APPLICATION

Party A, Party B and the Witness (Competent and Disinterested Person) must all sign and date the marriage application IN FRONT of a notary.

A notary acknowledgement must be completed for Party A, Party B and the Witness (Competent and Disinterested Person) and include the following:

- **--the State and County in which the application was signed**
- **--line labeled "Write name exactly as appears on I.D." should be completed with the name of the person you are notarizing (Party A, Party B or Witness); it SHOULD NOT be the name of the notary**
- **--notary should sign and date the acknowledgment**
- **--notary should complete their address portion along with their expiration date**
- **--notary should place their stamp/seal in the designated area**

PLEASE NOTE: THE NOTARY ACKNOWLEDGEMENTS MUST BE COMPLETED CORRECTLY IN ORDER FOR YOUR APPLICATION TO BE ACCEPTED AND PROCESSED

County _____
License No. _____
Date of Application _____
Valid Date of License _____

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics and Vital Records

APPLICATION FOR LICENSE TO MARRY IN IOWA

Type or print legibly in black or dark blue ink. Do not use all capital letters.

PARTY A *(Information to be completed by the first applicant)*

Check One (Optional) ☐ Bride ☐ Groom ☐ Spouse

FULL LEGAL NAME BEFORE MARRIAGE *(Include any generational suffix after last name)*

First	Middle *(If any)*	Current Last *(Surname)*	Last Name Prior to ANY Marriage

FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE *(Include any generational suffix after last name)*

First Name After Marriage	Middle Name *(If any)* After Marriage	Last Name *(Surname)* After Marriage

CURRENT PLACE OF RESIDENCE	State	County	City

STATE OF BIRTH *(If not United States., name of foreign country)*	DATE OF BIRTH *(Month, Day, Year)*	GENDER *(Optional)*

FATHER'S FULL NAME *(As listed on applicant's birth certificate)*	MOTHER'S FULL MAIDEN NAME *(Prior to ANY marriage)*

PARTY B *(Information to be completed by the second applicant)*

Check One (Optional) ☐ Bride ☐ Groom ☐ Spouse

FULL LEGAL NAME BEFORE MARRIAGE *(Include any generational suffix after last name)*

First	Middle *(If any)*	Current Last *(Surname)*	Last Name Prior to ANY Marriage

FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE *(Include any generational suffix after last name)*

First Name After Marriage	Middle Name *(If any)* After Marriage	Last Name *(Surname)* After Marriage

CURRENT PLACE OF RESIDENCE	State	County	City

STATE OF BIRTH *(If not United States, name of foreign country)*	DATE OF BIRTH *(Month, Day, Year)*	GENDER *(Optional)*

FATHER'S FULL NAME *(As listed on applicant's birth certificate)*	MOTHER'S FULL MAIDEN NAME *(Prior to ANY marriage)*

SIGNATURE NOTARY AFFIRMATION

Each party must sign and date this form in the presence of an authorized Notary Public. Each party must show valid U.S. government-issued identification when signing. The Notary Public completes and signs below.

PARTY A: I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

PARTY A SIGNATURE **Date Signed**

State of _____ **County of** _____ **ss**

Signed and affirmed by _____
Write name exactly as appears on I.D.

Notary Public's Signature for Party A **Date Signed**

Notary Address & Expiration

NOTARY
SEAL

PARTY B: I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

PARTY B SIGNATURE **Date Signed**

State of _____ **County of** _____ **ss**

Signed and affirmed by _____
Write name exactly as appears on I.D.

Notary Public's Signature for Party B **Date Signed**

Notary Address & Expiration

NOTARY
SEAL

AFFIDAVIT OF COMPETENT AND DISINTERESTED PERSON
as to age and qualification of the contracting parties

Type or print legibly in black or dark blue ink. Do not use all capital letters.

I, _____ affirm that I am acquainted with
(Print name legibly)

_____ , who is _____ years of age; and that I am acquainted with

_____ , who is _____ years of age.

I affirm that I am a lawfully competent and disinterested person and impartial to the result of this pending transaction. I further affirm that both parties are unmarried and able to enter into a civil contract, that there is no legal disability to the marriage of said parties, and that their marriage is to be solemnized in a ceremony performed by an authorized officiant within the State of Iowa.

NOTARY PUBLIC SIGNATURE TO AFFIDAVIT OF DISINTERESTED PERSON

Notary Public cannot serve as disinterested person.

I affirm that the information I provided above is true and accurate to the best of my knowledge.

NOTARY PUBLIC'S SEAL

_____
Disinterested Person Signature **Date Signed**

State of _____ County of _____ ss

Signed and affirmed in my presence by _____
Write name exactly as appears on I.D.

_____
Notary Public's Signature **Date Signed**

_____
Notary Address & Expiration

NOTICE TO APPLICANTS: PLEASE READ CAREFULLY!

- Applicants aged 16 or 17 years old must also present a completed Consent to Marriage form for approval to a judge of the district court in the county from which the marriage license is to be obtained. Age 15 and under may NOT marry in Iowa.
- Pursuant to Iowa Code section 595.3A, the laws of this state affirm a party's right to enter into this marriage and at the same time to live within the marriage under the full protection of the laws of this state with regard to violence and abuse. Neither party to the marriage is the property of the other. Assault, sexual abuse, and willful injury of a spouse or other family member are violations of the laws of this state and are punishable by the state.
- Applicants' social security numbers are collected pursuant to Iowa Code section 595.4 and 42 USC 405(c)(2), as amended by Section 1090(b) of Public Law 105-34. The law authorizes the Internal Revenue Service (IRS) to use social security numbers for determining Earned Income Tax Credit compliance on income tax returns and to authorize the State Registrar to report the social security number to the Child Support Recovery Unit.
- *The $35.00 fee must accompany this application.*
- *Return this form and fee to the County Registrar of Vital Records in the county where you want your record to be filed.*
- *Review the Marriage Instructions handout for more details about obtaining the certified copy of your Certificate of Marriage.*

***** CONFIDENTIAL INFORMATION REQUIRED BY IOWA CODE SECTION 595.4 *****
***** ADMINISTRATIVE PURPOSES ONLY *** NOT FOR PUBLIC VIEWING, DISTRIBUTION OR PUBLICATION *****

Party A Social Security Number _____ **Party B** Social Security Number _____

Anticipated Ceremony Date _____ Anticipated Officiant _____