

PLEASE COMPLETE AND MAIL THIS APPLICATION
WITH COPIES OF SOCIAL SECURITY CARD AND PICTURE ID.

DATE _____

FIRST APPLICANT'S NAME _____
FIRST MIDDLE SURNAME CURRENT SUFFIX
AT BIRTH LAST NAME

BIRTHDATE _____ AGE _____
MONTH DAY YEAR

BIRTHPLACE _____ RACE _____ GENDER _____
STATE (ONLY) OR FOREIGN COUNTRY

RESIDENCE _____
STREET CITY STATE ZIP CODE

COUNTY _____

IS THIS YOUR FIRST MARRIAGE? _____ IF NOT, WHAT NUMBER? _____

TYPE OF IDENTIFICATION _____
SOCIAL SECURITY# _____ - _____ - _____ or ALIEN IDENTIFICATION# _____

TELEPHONE# _____ (DURING WORKING HOURS)
_____ (AFTER WORKING HOURS)

SECOND APPLICANT'S NAME _____
FIRST MIDDLE SURNAME CURRENT SUFFIX
AT BIRTH LAST NAME

BIRTHDATE _____ AGE _____
MONTH DAY YEAR

BIRTHPLACE _____ RACE _____ GENDER _____
STATE (ONLY) OR FOREIGN COUNTRY

RESIDENCE _____
STREET CITY STATE ZIP CODE

COUNTY _____

IS THIS YOUR FIRST MARRIAGE? _____ IF NOT, WHAT NUMBER? _____

TYPE OF IDENTIFICATION _____
SOCIAL SECURITY# _____ - _____ - _____ or ALIEN IDENTIFICATION# _____

TELEPHONE# _____ (DURING WORKING HOURS)
_____ (AFTER WORKING HOURS)

SIGNATURE OF APPLICANT #1 _____

SIGNATURE OF APPLICANT #2 _____

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__

_____, NOTARY FOR _____