

# Marriage License Requirements

- As of August 30, 2015 marriage license fees are as follows:
  - \$25.00 to issue a marriage license
  - \$9.00 per copy of a certified marriage license  
(§33-110)
- **Proof of age and identity:** is required by presenting a valid photo id that contains a photo and birthdate. Examples: Driver's License, Passport, State ID card etc.
- **Social Security numbers:** must be provided (card not required). If an applicant does not have a social security number, a statement must be signed stating the applicant does not have nor has ever been issued a social security number
- **Birthplace Information:** Applicants must provide, to the best of their knowledge, the city and state in which they were born. (only country needs to be provided for international births).
- **Parent Information:** Applicants must provide the full names, including maiden name if applicable, and birthplace of both parents (city & state or country).
- **Legal Age:** If either applicant is not of legal age (19), a notarized consent form must be signed by the applicant's legal guardian giving consent to the marriage of a minor. If either applicant is under 17 year of age, a license cannot be issued in the state of Nebraska (§42-102)
- **When & Where Issued:** Marriage licenses are issued in the office of the county clerk. Adams County issues marriage licenses **Monday through Friday from 9:00 a.m. to 4:30 p.m.**

**No licenses will be issued after 4:30 p.m.**

**NO EXCEPTIONS**

## Other Information

- A marriage license is valid for one year and may be used in any Nebraska county.
- There are no waiting periods or blood tests required.
- To be married by the County Court Magistrate, you may call the County Court at 402-461-7143 to schedule an appointment

## ADAMS COUNTY NEBRASKA MARRIAGE LICENSE APPLICATION WORKSHEET

**PLEASE NOTE: THIS IS NOT AN OFFICIAL MARRIAGE LICENSE; ALL NAMES ON THIS LICENSE SHOULD MATCH APPLICANTS BIRTH CERTIFICATES**

1a. APPLICANT #1 FULL LEGAL NAME		1b. MAIDEN LAST NAME (if applicable)		2. AGE	
3a. COUNTRY OF RESIDENCE			3b. STATE (if applicable)		3c. COUNTY (if applicable)
3d. CITY, TOWN OR LOCATION		3e. STREET ADDRESS			3f. ZIP CODE
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)				5. DATE OF BIRTH (mm/dd/yyyy)	
x6a. FATHER'S FULL LEGAL NAME (First, Middle, Last, Suffix)			6b. BIRTHPLACE (City and State or Foreign Country)		
7a. MOTHER'S FULL LEGAL MAIDEN NAME (First, Middle, Maiden)			7b. BIRTHPLACE (City and State or Foreign Country)		
8a. APPLICANT #2 FULL LEGAL NAME		8b. MAIDEN LAST NAME (if applicable)		9. AGE	
10a. COUNTRY			10b. STATE (if applicable)		10c. COUNTY (if applicable)
10d. CITY, TOWN OR LOCATION		10e. STREET ADDRESS			10f. ZIP CODE
11. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)				12. DATE OF BIRTH (mm/dd/yyyy)	
13a. FATHER'S FULL LEGAL NAME (First, Middle, Last, Suffix)			13b. BIRTHPLACE (City and State or Foreign Country)		
14a. MOTHER'S FULL LEGAL MAIDEN NAME (First, Middle, Maiden)			14b. BIRTHPLACE (City and State or Foreign Country)		
<b>CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.</b>					
APPLICANT #1 PHONE NUMBER			APPLICANT #2 PHONE NUMBER		
15a. APPLICANT #1 – SOCIAL SECURITY NUMBER			15b. APPLICANT #2 – SOCIAL SECURITY NUMBER		
16a. If previous married, last marriage ended either by: APPLICANT #1: Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> APPLICANT #1: Date Marriage Ended (mm/dd/yyyy) _____ Divorce/Annulment was final in State/Country of _____ OFFICE USE ONLY: Wait period _____ Verified by _____ (Initials)			16b. If previous married, last marriage ended either by: APPLICANT #2: Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> APPLICANT #2: Date Marriage Ended (mm/dd/yyyy) _____ Divorce/Annulment was final in State/Country of _____ OFFICE USE ONLY: Wait period _____ Verified by _____ (Initials)		
17a. Is APPLICANT #1 of Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No			17b. Is APPLICANT #2 of Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>RACE</b>					
Check one or more races to indicate what each person considers him/herself to be:					
18a. APPLICANT #1		White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander		18b. APPLICANT #2	
_____				_____	
_____				_____	
_____				_____	
_____				_____	

PHONE NUMBER TO CALL ONCE LICENSE IS COMPLETE \_\_\_\_\_

ANTICIPATED MARRIAGE DATE: \_\_\_\_\_

WHO IS PERFORMING THE MARRIAGE CEREMONY \_\_\_\_\_