



# SUPERIOR COURT OF THE VIRGIN ISLANDS

Tamara Charles  
Clerk of the Court

OFFICE OF THE CLERK

Alexander A. Farrelly Justice Center  
Post Office Box 70  
St. Thomas, USVI 00804  
(340) 774-6680

R.H. Amphlett Leader Justice Complex  
Post Office Box 929  
Christiansted, USVI 00821  
(340- 778-9750)

## Marriage Application Cover Sheet

Date:

We are applying to be married in the U.S. Virgin Islands. Our wedding date is scheduled for Month Day, Year. We are planning to be married at (Location St. Thomas) or (Location St. John) (Church/Hotel) on (St. Croix/St. Thomas/St. John) by a minister of the Universal Life Church (Church denomination). We will be arriving on island on Month Day Year with a scheduled departure of Month Day Year.

Enclosed are the required documents for obtaining a marriage license issued by the Superior Court of the Virgin Islands.

**Will require one photo ID: driver's license OR Passport works best - if you have either of these no need for birth certificate.**

- Valid Driver's License <-- OR -->  Valid Passport
- Birth Certificate **< only need birth certificate if no driver license/ passport**  Certificate Copy of Divorce Decree **<- need a copy if divorced**
- Certified Copy of Death Certificate **<-- need if widowed**

[https://superior.vicourts.org/office\\_of\\_the\\_clerk/family\\_division/marriage](https://superior.vicourts.org/office_of_the_clerk/family_division/marriage)

### **In Court Fees**

**NOT APPLICABLE:**

**N/A** ~~\$100.00 for the License  
\$100.00 for the Application  
\$400.00 for the ceremony~~

### **Out of Court**

**APPLICABLE:**

\$100.00 for the License  
\$100.00 for the Application

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

NUMBER OF THIS MARRIAGE 1 <sup>st</sup> , 2 <sup>nd</sup> , etc. (Specify Below)	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		RACE American Indian, Black, White etc. (Specify Below)	Education Specify only highest grade completed	
	By Death, Divorce, Dissolution or Annulment (Specify Below)	Date(Month, Day, Year)		Elementary/Secondary (0-12)	College (1-4 or 5 +)

Submitted by: **Spouse 1**

Contact Number: Cell number

Email address: Current email address  
(Required)

Print Name: First Middle Last

**Spouse 2**

Cell number Cell number

Current email address Current email address  
(Required)

First Middle Last First Middle Last

Signature: *Spouse Signature*

Signature: *Spouse Signature*

Official Superior Court of the Virgin Islands Document