## DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE - NATIONAL CENTER FOR HEALTH STATISTICS - 1989 REVISION

Please Type

## VIRGIN ISLANDS OF THE UNITED STATES **LICENSE AND CERTIFICATE OF MARRIAGE**

FOR .	LICENSE	LICENSE NUMBER					STATE FILE NUMBER							
INSTRUCTIONS	1. PARTY 1'S NAME (First, Middle, Last)				1b. For	mer Surname (if different) 2. AGE LA				ST BIRTHDAY SEX				
SEE <b>Handbook</b>	3a RESIDENCE-CITY, TOWN, OR LOCATION						3h	COUNTY	OR ISLA	ND				
	SERVICE VIII. IVVIII. ON LOVATION					55.555 51.155								
PARTY 1	3c.STATE 4a, BIRTHPLACE (State or F					eign Country) 4b. DATE OF BIRTH (Mo., Day, Yr.) 5. SOC.					SEC. NO.			
	6a, FATHER'S NAME (Firs	t, Middle, Last)	<u> </u>	6b. BIRTHPLACE (S Foreign Country)			OTHER'S Naiden Surna		t. Middle,	,	7b. BIRTHPL Foreign	ACE (State or Country)		
	Ea. PARTY 2'S NAME (Firs	st, Middle, Last)			8b. F	ORME	R SURNAM	E (if differe	ent)	9. AGE	E LAST L,RTH	HDAY		
	10a. RESIDENCE-CITY, TOWN, OR LOCATION					1 Ob. COUNTY OR ISLAND								
PARTY 2	10c. STATE	10c. STATE 11 a. BIRTHPLACE (State or Fore				ntry)	try) 1 1 b. DATE OF BI RTH(Mo., Day, Yr.) 12. SOC. SEC. N					EC. NO.		
	13a. FATHER'S NAME (First, Middle Last)			13b. BIRTHPLACE ( or Foreign Co.	E (State Country) 14a. MOTHER'S NAME (Fir Maiden Surname)				st, Middle 14b. BIRTHPLA Foreign (			ACE (State or Country)		
SIGNATURE	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.  15. PARTY 1'S SIGNATURE  16. PARTY 2'S SIGNATURE													
ICENSE	This License Authorizes the Marriage in This Territory of the Parties Named Above by any Person Duly Authorized to Perform a Marriage Ceremony under the Laws of the United States of the Virgin Islands.													
O MARRY	18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year)					G OFFICIAL 20. TITLE OF ISSUING OFFICIAL						AL		
	21, 1 CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year)						CITY, TOWN, OR LOCATION 22b. I				SLAND			
	23a, SIGNATURE OF PERSON PERFORMING CEREMONY					3b. NAME (TypelPrint)					23c. TITLE			
CEREMONY	23d. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	24a. SIGNATURE OF WITNESS TO CEREMONY					24b. SIGNATURE OF WITNESS TO CEREMONY								
OCAL OFFICIAL	5. SIGNATURE OF COURT REGISTRATION OFFICIAL					26. DATE FIL				ED BY COURT (Month, Day, Year)				
	CONFIDENTIAL INF	FORMATION. 1	THE INFOR	MATION BELOV	v WILL	NOT	APPEAR	ON CE	RTIFIE	COPIE	S OF THE F	RECORD.		
	27. NUMBER OF THIS MARRIAGE -	28. IF PREVIOUSLY MARRIED, LAST MARRIAG ENDED			GE			-American Indian,		30. EDUCATION Specify only highest grade completed)				
	First, Second, etc. (Specify below)	By Death, Divorce, Dissolution, or Annulment (Specify below),		Date (Month, Day, Year)		Black, White, etc (Specify below)			·	Elementary / Secondary (1-		College   (1-4 or 5 +)		
PARTY	1	28a.		28b.		29a.				30a.				
PARTY:	2 <sup>27b.</sup>	28c.		28d.		29b.			30b.					