

Events and More Int'l LLC

Wedding and Event Agency

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Thank you for requesting your Florida Marriage License by mail.

Please follow the steps below to start your application process

1. Fill out and complete both pages.
2. Make sure that everything is spelled correct. We will use this information to file for your license. Any mistakes will delay the filing process
3. Print out both pages, make copies of your ID's or passports, include a money order made out to Babette Hill and mail everything to the address above. Copies of passports are only accepted from non US citizens or US citizens living abroad.

GENERAL INFORMATION

Which Package you have chosen: Package 1 Package 2 Package 3 Package 4 Package 5 Package 6	
Do you need any extra copies of Certificates or Apostilles? No Yes	
If yes please tell us how many: Amount of certified copies of the marriage certificate: Amount of extra Apostille: :	
Total \$ amount of the ordered services:	Wedding Date:
Grooms E-mail: Brides E-mail:	
To which E-mail should we send all documents and information? Grooms Brides	
Please specify where to mail the finished license? Bride and or Groom Coordinator/Minister Other please explain:	
Shipping Address: Company: Name: Address: Address cont.: City: State: Zip:	

MARRIAGE LICENSE INFORMATION SHEET

Please complete the Request for Marriage License Information below.

GROOM'S INFORMATION

Full name:	
Social Security # or Passport # and country of Passport if living outside USA:	Daytime Phone #:
Date of Birth (mmddyyyy):	Birthplace: (State or Foreign Country)
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other	
You presently reside in: (City) (State or Country) (County, if applicable)	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: (Month) (Day) (Year)	

BRIDE'S INFORMATION

Full name:	
Social Security # or Passport # and country if living outside USA:	Daytime Phone #:
Date of Birth (mmddyyyy):	Birthplace: (State or Foreign Country)
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other	
You presently reside in: (City) (State or Country) (County, if applicable)	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: (Month) (Day) (Year)	
Maiden Name (Name on Birth Certificate):	

Mailing address you would like your certified copy mailed to after you are married.

Mr. & Mrs.: _____

Address: _____
