

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. *Options to submit the information:*

(A) Print all documents, make copies of your ID's / passports and fax everything
(B) Save the files on your PC, scan in your ID's / passports and E-mail everything to us. Please E-mail files as an attachment and make sure the size is not larger then 2MB.

Copies of passports are only accepted from non US citizens or US citizens living abroad.

GENERAL INFORMATION

Have you already made your payment online? Yes No		What was the total amount of the order?
Name of the person that submitted the order:		
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: _____

