STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics

APPLICATION FOR LICENSE TO MARRY IN IOWA
Type or print legibly in black or dark blue ink. Do not use all capital letters.

<table>
<thead>
<tr>
<th>PARTY A (Information to be completed by the first applicant)</th>
<th>Check One (Optional)</th>
<th>Bride ☐</th>
<th>Groom ☐</th>
<th>Spouse ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL LEGAL NAME BEFORE MARRIAGE (Include any generational suffix after last name)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>First</td>
<td>Middle (If any)</td>
<td>Current Last (Surname)</td>
<td>Last Name Prior to ANY Marriage</td>
<td></td>
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<td>FULL LEGAL NAME CHANGE ADOPTED THROUGH MARRIAGE (Include any generational suffix after last name)</td>
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</tr>
<tr>
<td>First Name After Marriage</td>
<td>Middle Name (If any) After Marriage</td>
<td>Last Name (Surname) After Marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT PLACE OF RESIDENCE</td>
<td>State (If not U.S., foreign country)</td>
<td>City (Optional)</td>
<td>County (Optional)</td>
<td></td>
</tr>
<tr>
<td>STATE OF BIRTH (If not United States, name of foreign country)</td>
<td>DATE OF BIRTH (Month, Day, Year)</td>
<td>GENDER (Optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTY A’S PARENT Optional</td>
<td>Check One ☐ Mother ☐ Father ☐ Parent ☐</td>
<td>Parent’s Name Prior to any Marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTY A’S PARENT Optional</td>
<td>Check One ☐ Mother ☐ Father ☐ Parent ☐</td>
<td>Parent’s Name Prior to any Marriage</td>
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SIGNATURE NOTARY AFFIRMATION (Each party must sign and date this form in the presence of an authorized Notary Public. Each party must show valid U.S. government-issued identification when signing. The Notary Public completes and signs below.)

PARTY A: I affirm that the information I provided above is true and accurate and that I intend for my legal name after marriage to be as stated above.

PARTY A SIGNATURE: Date Signed
State of __________________________ County of __________________________ ss
Signed and affirmed by __________________________ Write name exactly as appears on I.D.

Notary Public’s Signature for Party A: Date Signed

PARTY B SIGNATURE: Date Signed
State of __________________________ County of __________________________ ss
Signed and affirmed by __________________________ Write name exactly as appears on I.D.

Notary Public’s Signature for Party B: Date Signed

Iowa Department of Public Health Bureau of Health Statistics
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FORM #586-0224VR (Revised 09/12/2016)
AFFIDAVIT OF COMPETENT AND DISINTERESTED PERSON
as to age and qualification of the contracting parties
Type or print legibly in black or dark blue ink. Do not use all capital letters.

I, the below noted disinterested person, affirm that I am acquainted with

who is _______ years of age; and that I am acquainted with ________________

who is _______ years of age.

I affirm that I am a lawfully competent and disinterested person and impartial to the result of this pending transaction. I further affirm that both parties are unmarried and able to enter into a civil contract, that there is no legal disability to the marriage of said parties, and that their marriage is to be solemnized in a ceremony performed by an authorized officiant within the State of Iowa.

NOTARY PUBLIC SIGNATURE TO AFFIDAVIT OF DISINTERESTED PERSON

I affirm that the information I provided above is true and accurate to the best of my knowledge.

Disinterested Person Signature ____________________________ Date Signed ________

State of ___________________ County of ___________________ ss

Signed and affirmed in my presence by ____________________________

Write name exactly as appears on I.D.

Notary Public’s Signature ____________________________ Date Signed ______

Notary Address & Expiration ____________________________

NOTICE TO APPLICANTS: PLEASE READ CAREFULLY!

• Applicants aged 16 or 17 years old must also present a completed Consent to Marriage form for approval to a judge of the district court in the county from which the marriage license is to be obtained. Age 15 and under may NOT marry in Iowa.

• Pursuant to Iowa Code section 595.3A, the laws of this state affirm a party’s right to enter into this marriage and at the same time to live within the marriage under the full protection of the laws of this state with regard to violence and abuse. Neither party to the marriage is the property of the other. Assault, sexual abuse, and willful injury of a spouse or other family member are violations of the laws of this state and are punishable by the state.

• Applicants’ social security numbers are collected pursuant to Iowa Code section 595.4 and 42 USC 405(c)(2), as amended by Section 1090(b) of Public Law 105-34. The law authorizes the Internal Revenue Service (IRS) to use social security numbers for determining Earned Income Tax Credit compliance on income tax returns and to authorize the State Registrar to report the social security number to the Child Support Recovery Unit.

Send to: Sandie L. Smith, Black Hawk County Recorder

316 E. 5th Street Waterloo, IA 50703

• The $35.00 fee must accompany this application.

• Return this form and fee to the County Registrar of Vital Records in the county where you want your record to be filed.

• Review the Marriage Instructions handbook for more details about obtaining the certified copy of your Certificate of Marriage.

*** CONFIDENTIAL INFORMATION REQUIRED BY IOWA CODE SECTION 595.4 ***
*** ADMINISTRATIVE PURPOSES ONLY *** NOT FOR PUBLIC VIEWING, DISTRIBUTION OR PUBLICATION ***

Party A Social Security Number ____________________________ Party B Social Security Number ____________________________

Anticipated Ceremony Date ____________________________ Anticipated Officiant ____________________________
Iowa
MARRIAGE CERTIFICATE
Address Update

The $35 application fee for your License to Marry in Iowa includes one certified copy of your certificate of marriage after it has been properly registered. To ensure that you receive your certified copy as intended:

➢ Complete this address update form;
➢ Give this form to the officiant who is performing your marriage ceremony;
➢ Return address update form and signed Certificate of Marriage within 15 days to the County listed above;
➢ The application fee is not refundable if the marriage event does not occur as planned.

Provide your complete mailing address and daytime phone number where you can be reached in case of problems.

☐ Pick Up    ☐ Mailed

Couple’s Names After Marriage

Street Address/Apt. #

PO Box #

City    State    Zip

Daytime Phone Number

Complete ONLY if you are authorizing another entitled person to pick up the record:

Person authorized to pick up copy    Relationship

Entitled person is your parent, grandparent, sibling or child over the age of 18.

********************************************

Marriage Officiant Name and Address:

Officiant Name    Street/PO Box, City, State, Zip

Iowa Department of Public Health, Bureau of Health Statistics

Revised 05/20/2018