



## *REQUIREMENTS FOR OBTAINING A MARRIAGE LICENSE IN CHEROKEE COUNTY*

- Both parties **must** present a photo I.D. and must show proof of age. We accept as proof of age the following documents: driver's license, passport, military I.D., or certified birth certificate (with official translation if not in English).
- You must be 17 years of age or older in order to obtain a marriage license.
- If either applicant is 17 years of age, they must have been emancipated and must present a certified copy of the order of emancipation dated at least 15 days prior to the marriage application being submitted. The intended spouse must be no more than four (4) years older and both parties must have attended marriage counseling as provided by O.C.G.A. §19-3-30.1.
- If either applicant has been married previously, they must present proof that the previous marriage was dissolved, either by divorce or death. Proof of dissolution must be either a copy of their Final Judgment and Decree of Divorce for the last divorce which shows that it was signed by a Judge and filed in office or a certified death certificate. In the event either document is not in English, you will need to provide a certified translation.
- If both applicants reside outside the State of Georgia, they must get married in the county in which they purchase their license.
- The fee for the marriage license is \$66.00. If you have a Certification of Completion of Qualifying Premarital Education the fee is \$26.00. There is an additional \$10.00 fee for obtaining a certified copy of the Marriage License Application.
- Payment may be made by cash or credit/debit card. A convenience fee of 4% will be added to all card transactions.
- You may obtain a marriage license between the hours of 8:00 A.M. and 4:30 P.M. Monday through Friday. 90 North Street, Suite 340, Canton. Please have all applications completed no later than 4:30 P.M. in order to receive your marriage license the same day. Please check for closings.
- Both applicants must sign the marriage application in the presence of a Deputy Clerk.

Office Number: 678-493-6160

# APPLICATION FOR MARRIAGE LICENSE

PERSONAL PARTICULARS	CONTRACTING PARTIES			
	APPLICANT #1	APPLICANT #2	Phone #	APPLICANT #2
1. FULL LEGAL NAME (current first, middle & last)				
2. LAST NAME AT BIRTH				
3. RESIDENCE STREET ADDRESS				
CITY, STATE AND ZIP CODE				
4. AGE - LAST BIRTHDAY	Age	Date of Birth	Age	Date of Birth
DATE OF BIRTH				
5. GENDER (indicate "male" or "female")				
6. RACE (OPTIONAL)				
7. BIRTHPLACE (city or county, state, country)				
8. RELATIONSHIP OF PARTIES, OR "NONE"				
9. FULL NAME TO BE USED AFTER MARRIAGE				
10A. NUMBER OF PRIOR MARRIAGES				
10B. HOW PRIOR MARRIAGE WAS DISSOLVED				
10C. WHEN AND WHERE (year, county, state)				
11. FATHER'S NAME (full name)				
12. FATHER'S BIRTHPLACE (city/state)				
13. MOTHER'S MAIDEN NAME (full name)				
14. MOTHER'S BIRTHPLACE (city/state)				
15. DATE & PLACE OF CONTEMPLATED MARRIAGE				
16. PREMARITAL COUNSELING (yes or no)				
<b>MUST PROVIDE PROOF</b>				

Each of the undersigned applicants hereby certifies that the answers given above are true and correct, that each has received the DPH aids brochure and list of test sites, and that there is no legal impediment to the marriage of the parties.

APPLICANT #1 \_\_\_\_\_ APPLICANT #2 \_\_\_\_\_  
 Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Deputy Clerk \_\_\_\_\_ Deputy Clerk \_\_\_\_\_

## ATTENTION MARRIAGE APPLICANTS

Due to changes resulting from the Intelligence Reform and Terrorism Prevention Act of 2004, if you are seeking to change your name with the Social Security Administration, you will likely be required to provide the Social Security Administration with a **certified copy of your marriage application**.

This is NOT the same as the Marriage Certificate.

At the time you apply for your marriage license you will need to check one of the boxes below to indicate your preference for receiving a certified copy of your marriage application. There will be an additional \$10.00 charge and the certified copy will be mailed to you along with your Marriage Certificate.

CHECK ONE:

\_\_\_\_\_ I do want a certified copy of my marriage application (\$10.00).

\_\_\_\_\_ I do NOT want a certified copy of my marriage application.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

CERTIFICATION OF COMPLETION OF  
QUALIFYING PREMARITAL EDUCATION

This will certify that \_\_\_\_\_ and \_\_\_\_\_ have completed a course of premarital education conducted by the undersigned on \_\_\_\_\_ [Date] and that such course qualifies under Section 19-3-30.1 of the Official Code of Georgia Annotated in that it included **at least six hours** of instruction involving marital issues (which may include but not be limited to conflict management, communication skills, financial responsibilities, child and parenting responsibilities, and extended family roles) and the couple underwent the course together.

I further certify that I am

\_\_\_ A professional counselor, social worker, or marriage and family therapist who is licensed pursuant to Chapter 10A of Title 43 of the Official Code of Georgia Annotated;

\_\_\_ A psychiatrist who is licensed as a physician pursuant to Chapter 34 of Title 43 of the Official Code of Georgia Annotated;

\_\_\_ A psychologist who is licensed pursuant to Chapter 39 of Title 43 of the Official Code of Georgia Annotated;

\_\_\_ An active member of the clergy who:

\_\_\_ performed such education in the course of my service as clergy; OR

\_\_\_ designated \_\_\_\_\_ to perform such education, and I certify that my designee is trained and skilled in premarital education and has certified to me the completion of the course by the couple.

Sworn to and subscribed before me,  
this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone Number

## Marriage License Application Instructions

Below you will find detailed instructions on how to complete each field of the application. Each numbered line below corresponds with that field of the application. ALL of the blanks must be completed unless otherwise noted. If you have additional questions, please ask one of the clerks.

Personal Particulars	Under Applicant #1 or Applicant #2
1. Full Legal Name	Print full <b>CURRENT</b> first, middle and last name with no abbreviations
2. Last Name at Birth	Print the last name at the time of your birth
3. Street Address	Print Physical/Residence Address
4. Age – Last Birthday Date of Birth	Print age as of last birthday and date of birth
5. Gender	Indicate “male” or “female”
6. Race	This is optional. If you want to complete it, print what you feel is appropriate
7. Birthplace	Print the city or county and state. Also print the country if not the United States
8. Relationship of Parties	If the applicants are related to each other, then print the relationship; if not, then print “none”
9. Full name to be used after marriage	If the applicant’s name will be changed as a result of the marriage, print the <b>FULL</b> name that will be used <b>AFTER</b> the marriage takes place
10A. Number of prior marriages	Print the total number of marriages <b>PRIOR</b> to this one
10B. How prior marriage was dissolved	Print whether the <b>last</b> marriage was dissolved by death, divorce, annulment or some other legal proceeding. <b>You will be required to provide either a certified death certificate or a copy of a signed and filed final order terminating the last marriage, as appropriate</b>
10C. When and where	Print the date and location where the marriage was dissolved
11. Father’s name	Print father’s <b>FULL</b> name. If not known, then print “unknown”
12. Father’s birthplace	Print city, state and country of father’s birth, if known. If not known, then print “unknown”
13. Mother’s maiden name	Print mother’s <b>FULL MAIDEN</b> name. If not know, then print “unknown”
14. Mother’s birthplace	Print city, state and country of mother’s birth, if known. If not known, then print “unknown”
15. Date & place of contemplated marriage	If known, print the date, city where you plan to marry. If not known, print “unknown.” <b>THE LICENSE IS ONLY VALID IN GEORGIA</b>
16. Premarital counseling	Print “yes” or “no” and provide documentation that the counseling was completed in accordance with Georgia law