

Events and More Inc.

6130 SE Agnew Rd. Belleview, FL 34420

Phone: 727-860-4227 Fax: 727-213-1949

E-mail: license@EventsandMoreInc.com

Marriage License by Mail Application

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 by typing in the fields. You may also download the form and fill in the fields.
2. Print the form, sign, scan and email it to license@eventsandmoreinc.com. For security reasons do not electronically submit the application to us via the Adobe Acrobat email function.
3. Make sure spelling is correct. We will use this information to file for your license. Any mistakes will delay the filing process.

GENERAL INFORMATION

Have you already made your payment to us? Yes No

What was the total amount of the order? \$ _____

Name of the person that submitted the order. _____

Wedding date: _____

E-mail where to contact you: _____

Address where the finished license should be mailed to:

Company: _____

Name: _____

Shipping Address: _____

Address cont. _____

City: _____ State _____ Zip _____

I (we) _____ acknowledge and understand that the marriage license by mail filing fee is nonrefundable.

Signature _____ Date: _____

MARRIAGE LICENSE INFORMATION SHEET

SPOUSE INFORMATION

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

SPOUSE INFORMATION

Full name:	
Social Security # or Passport # and country if living outside USA:	Daytime Phone #:
Date of Birth (<i>mmddyyyy</i>):	Birthplace: (<i>State or Foreign Country</i>)
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	
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Last marriage ended on: (<i>Month</i>) (<i>Day</i>) (<i>Year</i>)	
Maiden Name (Name on Birth Certificate):	

Wedding Coordinator: _____

Company Name: Events and More Inc. _____