STATE OF IOWA

IOWA DEPARTMENT OF PUBLIC HEALTH

Bureau Health of Statistics and Vital Records

County	
License No.	
Date of Application	
Valid Date of License	

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		ation to be completed by the first a	oplicant)			k One (Option		Bride	Gro	oom	Spouse
FUI		CHANGE BEFORE MARRIAGE		(Inc	lude any genera	tional suffix afte	er last nan	ne)			
	First	Middle <i>(if any</i>	"		Current Last	(Surname)		Last N	lame Prior t	o ANY I	Marriage
FUL	L LEGAL NAME	CHANGE ADOPTED THROUGH	MARRIA	AGE (Inci	lude any general						
	First Name	After Marriage Mi	ddle(if any	/) After Marria	ige		Current L	ast (Surnar	ne)After Ma	rriage	
CUI	RRENT PLACE	State			City				County		
-	RESIDENCE										
STA	ATE OF BIRTH (lf not United States., name of foreign co	untry)	DATE OF	BIRTH (Mont	h, Day, Year)			GENDER	(Optio	onal)
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STA	TE OF BIRTH (f not United States., name of foreign co	untry)	DATE OF	BIRTH (Monti	h, Day, Year)			GENDER	(Optio	onal)
PAR [®]	TY B'S PARENT nt's Name Prior	Optional Check One ☐ Mother ☐ to any Marriage	Father	□Parent	PARTY B'S P Parent's Nam	ARENT Opti ne Prior to ar	ional che ny Marria	eck One [] age	Wother []Fath	er Parer
	represents data	that was not collected or was unav	ailable at	t the time th	e marriage wa	s reported					
part	y must snow vand	TARY AFFIRMATION (Each page 1971) (Each	ation wh	ien signing.	date this form The Notary I	in the prese Public compl	nce of a letes and	n authoriz d signs be	ed Notary elow.	Publi	c. Each
true	e and accurate a riage to be as s	hat the information I provided and that I intend for my legal n stated above.	above i am e aft	is er	true a	Y B: I affirm nd accurate age to be as	and th	at I inten	ation I pro d for my	ovide legal	d above is name after
PA	ARTY A SIGNA	TURE Date	Signed	i	PAR	TY B SIGN	ATURE			Dat	e Signed
State	of	County of		_ ss	State of			County	of		:
Signe	d and affirmed by				Signed a	nd affirmed by					
		Write name exactly as appears	on I.D.			-		Write name	exactly as	appears	on I.D.
No		· ·	Signed	 	Nota	ry Public's	Signat	ure for F	Party B	Date	e Signed
-	No	otary Address & Expiration					Notary A	ddress &	Expiration		
	DTARY				NOT	ARY					
SE	- Al				CE A						

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.

who is	years of age; and f	that I am acquainted with		
	years of age.			
attirm that	t both parties are unmarrie	d and able to enter into a	on and impartial to the result of the contract, that there is no leg	al disability to the marriage of s
	NOTARY PUE		AFFIDAVIT OF DISINTEREST serve as disinterested person.	ED PERSON
l affirm tha	at the information I provid	ed above is true and acc	urate to the best of my knowled	ge. NOTARY
Disinteres	sted Person Signature		Date Signed	PUBLIC'S SEAL
State of	<u> </u>	County of	ss	ÒLAL
Signed	od offirmed in my			
olyned an	nd affirmed in my presence by	Write name exactly as a	ppears on I.D.	
Notary Pu	ıblic's Signature		Data Olimand	
ivotary i d	iono 3 Oignature		Date Signed	
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Applica	NO ants aged 16 or 17 years o	TICE TO APPLICANTS	5: PLEASE READ CAREFULL completed Consent to Marriage for the completed Age 15 and the complete state of the	rm for approval to a judge of the
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