STATE OF COLORADO AP	PLICATION FOR MARRIAG	E LICENSE	Соц	unty of	License #
PARTY ONE:					
Legal Name:	Middle Name	Last	Suff	fix	Previous Married Name
Address:					
Number/Str			City		State/ Zip
Birth Date:/	/ Sex: Male	Female N	Non-Binary Last nan	ne at birth if differer	nt (opt):
Social Security Number: _		City&Sta	ate of Birth:		
Parent/Legal Guardian: _				City&State:	
Parent/Legal Guardian:	First Middle Name		Last	City&State:	
Turonti Logar Gaardiani	First Middle N	lame	Last	ortydotato	
Present Marital/Union Stat	tus: (check one) Single	Widowed	Divorced/Dissolve	d/Declared Invalid	Married Civil Union
If Divorced/Dissolved/Decla	red Invalid or Widowed				
Date:/City&State:			Type of Court (if applicable):		
	, name of former partner:_				
Proof of Age: (check one)	-	Passport			
PARTY TWO:					
Legal Name:					
First	Middle Name	Last	Suff	fix	Previous Married Name
Address:Number/St	reet		City		State/ Zip
Birth Date:/	/ Sex (check one):	Male F	emale Last name a	t birth if different (o	pt):
Social Security Number: _		City&Sta	ate of Birth:		
Parent/Legal Guardian:	First Middle N	ame	Last		
Parent/Legal Guardian: _				City&State:	
D	First Middle N		Last	1/6 1 11 111	
Present Marital/Union Sta	, , ,	Widowed	Divorced/Dissolve	ed/Declared Invalid	Married Civil Union
If Divorced/Dissolved/Dec					
					oplicable):
	n, name of former partner				
Proof of Age: (check one)	Valid Driver's License	Passport	Birth Certificate	Other (specify)	
Are the applicants related	by blood? Y or	N Ho			
Married Status: (check one)	-	Renewing your			
OATH: We, the undersigned, he	reby make application for a license t			that the information given is	true and correct to the
best of our knowledge, that neith we should not be married.	ner applicant is under legal guardi	ianship, or have	provided written consent of	or judicial order, and belie	eve that there exists no reason why
PARTY ONE Signature:			PARTY TWO Sign	nature:	
-			_		
Subscribed and sworn to n	ne this day of		20 at		eal)
County Clerk and Re	By:	Donut	ry County Clerk	•	
-		•			
Type of Ceremony: (check of	one) Religious Civil	Self	Date of Ceremony	:	
Return Mail Address:	Number/Street		City	State Zip	Recording Info
Email:	וזמוווטכו / שנו ככנ		Phone:	•	

Form M-1, Approved by the Office of the State Registrar of Vital Statistics, Revised 04/2019