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**Reminders:**

- *The Information you provide when you apply will appear on your official Marriage License. Any changes required after your ceremony has been performed and after your marriage license is submitted to the Bureau of Vital Statistics, will require signed and notarized affidavits from each party, legal proof of the change requested, a legal review, and additional costs. **Please double check your information before you apply.***

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## Applicant Information

Both applicants will be asked to provide the following information. Information marked with an asterisk (\*) is required.

### Name Information:

- First Name \*
- Middle Name
- Last Name \*
- Maiden Surname (if applicable)

### Birth Information:

- Date of Birth \*
- State of Birth (Country, if not in US) \*

### Residency Information:

- County of Residence \*
- City, State, and Zip Code \*

### Marriage Information

- What number will THIS marriage be? \*
- What was reason last marriage ended? (*i.e. death, divorce, annulment*)
- When did last marriage end?

## Return Information

*The couple will be asked to provide a return address for their Marriage License.*

### Contact Information

- Street Address \*
- City, State, and Zip Code \*
- Phone Numbers
- Email Address

*The next page shows a preview of the Sarasota County Marriage Application screen.*

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#### Marriage License Services

Monday – Friday, 8:30 a.m. to 5:00 p.m.  
No appointment needed. Allow 30 minutes.  
941-861-7400 • [www.SarasotaClerk.com](http://www.SarasotaClerk.com)

#### Sarasota

Historic Courthouse  
2000 Main Street  
Sarasota, FL 34237

#### Venice

R.L. Anderson Administration Center  
4000 S. Tamiami Trail  
Venice, FL 34293



## Preview of Sarasota County Marriage Application Screen

Applicant 1's Information			
*Applicant First Name <i>Primer Nombre del Solicitante</i>	Middle Name <i>Segundo Nombre</i>	*Last Name <i>Apellido</i>	Maiden Surname (if applicable) <i>Apellido de Soltera (si es aplicable)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Applicant Date of Birth <i>Fecha de Nacimiento del Solicitante</i>	*Applicant Birth State (Country if not in US) <i>Estado de Nacimiento del Solicitante (País si nació fuera de los EEUU)</i>	Applicant's Race <i>Raza del Solicitante</i>	
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>	
*Residence County <i>Condado de Residencia</i>	*City <i>Ciudad</i>	*State <i>Estado</i>	*Zip Code <i>Código Postal</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*What number will THIS marriage be <i>Número de ESTE matrimonio</i>	Last Marriage Ended Reason <i>Razón por la que Terminó el Matrimonio Anterior</i>	Last Marriage Ended Date <i>Fecha Final del Matrimonio Anterior</i>	
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	
Applicant 2's Information			
*Applicant First Name <i>Primer Nombre del Solicitante</i>	Middle Name <i>Segundo Nombre</i>	*Last Name <i>Apellido</i>	Maiden Surname (if applicable) <i>Apellido de Soltera (si es aplicable)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Applicant Date of Birth <i>Fecha de Nacimiento del Solicitante</i>	*Applicant Birth State (Country if not in US) <i>Estado de Nacimiento del Solicitante (País si nació fuera de los EEUU)</i>	Applicant's Race <i>Raza del Solicitante</i>	
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>	
*Residence County <i>Condado de Residencia</i>	*City <i>Ciudad</i>	*State <i>Estado</i>	*Zip Code <i>Código Postal</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*What number will THIS marriage be <i>Número de ESTE Matrimonio</i>	Last Marriage Ended Reason <i>Razón por la que Terminó el Matrimonio Anterior</i>	Last Marriage Ended Date <i>Fecha Final del Matrimonio Anterior</i>	
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	
Other Information			
*Return Address <i>Dirección de Devolución</i>			
<input type="text"/>			
*Return City <i>Ciudad</i>	*Return State <i>Estado</i>	*Zip Code <i>Código Postal</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Phone <i>Telefono durante el día</i>	Home Phone <i>Telefono de casa</i>	Email <i>Correo Electronico</i>	
<input type="text" value="( ) -"/>	<input type="text" value="( ) -"/>	<input type="text"/>	