



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: certified birth certificate (with official translation if not in English), passport, driver's license, or military I.D.
- You must be 18 years of age or older in order to obtain a marriage license without parental consent.
- If either the bride or groom is 16 or 17 years of age, they may still obtain a marriage license but, in order to do so, they must have a certified copy of their birth certificate and they must be accompanied by both parents or their legal permanent guardian. In the event the underage applicant's parents are divorced, the parent consenting to the marriage must present certified documentation that they have full legal custody of the underage applicant. If one of the parents is deceased, a certified death certificate must be provided.
- A marriage license can not be issued to anyone under the age of 16.
- If either the bride or groom 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 the bride and groom 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 \$56.00. If you have a Certification of Completion of Qualifying Premarital Education the fee is \$21.00. There is an additional \$5.00 fee for obtaining a certified copy of the Marriage License Application.
- Please pay by cash only. We do not accept checks or credit/debit cards.
- You may obtain a marriage license between the hours of 8:00 A.M. and 4:30 P.M. Monday through Friday. 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 the Groom and the Bride must sign the marriage application in the presence of a Deputy Clerk.

Office Number: 678-493-6160
24 Hour Information Line: 770-704-2610

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 _____, _____.

Notary Public

My Commission Expires: _____

Signature

Printed Name

Address

City, State, ZIP

Phone Number

APPLICATION FOR MARRIAGE LICENSE

COUNTY OF CHEROKEE

PERSONAL PARTICULARS	CONTRACTING PARTIES					
	GROOM			BRIDE (FIRST, MIDDLE, MAIDEN, AND CURRENT LAST NAME)		
	PHONE #:			PHONE #:		
1. FULL NAME						
2. STREET ADDRESS						
COUNTY	IN CITY LIMITS			IN CITY LIMITS		
CITY, STATE, ZIP						
3. AGE LAST BIRTHDAY DATE OF BIRTH AND RACE	AGE	DATE OF BIRTH	RACE (Optional)	AGE	DATE OF BIRTH	RACE (Optional)
4. BIRTHPLACE						
5. RELATIONSHIP OF PARTIES						
6. USUAL OCCUPATION (OPTIONAL)						
7. DESIGNATED SURNAME						
8A. NUMBER OF PREVIOUS MARRIAGES						
8B. IF PREVIOUSLY MARRIED HOW DISSOLVED						
8C. WHEN AND WHERE						
9. FATHER'S NAME						
10. FATHER'S BIRTHPLACE						
11. MOTHER'S MAIDEN NAME						
12. MOTHER'S BIRTHPLACE						
13. FATHER'S RESIDENCE						
14. MOTHER'S RESIDENCE						
15. CONTEMPLATED DATE AND PLACE OF MARRIAGE						
16. HAVE YOU TOGETHER COMPLETED A PREMARITAL EDUCATION COURSE PURSUANT TO CODE SECTION 19-3-30.1						

EACH OF THE UNDERSIGNED APPLICANTS SWEARS OF AFFIRMS UNDER OATH THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT, THAT EACH HAS RECEIVED THE DHR AIDS BROCHURE AND LIST OF TEST SITES; AND THAT THERE IS NO LEGAL IMPEDIMENT TO THE MARRIAGE OF THE PARTIES.

APPLICANT _____

APPLICANT _____

Sworn to and subscribed before me, this _____ day of _____

Sworn to and subscribed before me, this _____ day of _____

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 \$5.00 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 (\$5.00).

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

APPLICANT'S SIGNATURE

MARRIAGE APPLICATION INSTRUCTIONS

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

PERSONAL PARTICULARS	GROOM	BRIDE
1. FULL NAME	Print First, Middle and Last Name – no abbreviations	Print First, Middle, Maiden and Current Last Name (If previously married and not restored to maiden name) – no abbreviations
2. STREET ADDRESS	Print Physical/Residence Address	Print Physical/Residence Address
CITY	Print City	Print City
COUNTY, STATE, ZIP	Print County, State and Zip Code	Print County, State and Zip Code
3. AGE LAST BIRTHDAY, DATE OF BIRTH AND RACE	Print Age, Date of Birth, and Race (Optional)	Print Age, Date of Birth, and Race (Optional)
4. BIRTHPLACE	Print City and State of Birth	Print City and State of Birth
5. RELATIONSHIP	If you are related to each other, print the relation. If not, print “NONE”.	If you are related to each other, print the relation. If not, print “NONE”.
6. USUAL OCCUPATION (OPTIONAL)	Print your usual occupation (optional)	Print your usual occupation (optional)
7. DESIGNATED SURNAME	Print the full legal name (First, Middle and Last name) you will use after you are married	Print the full legal name (First, Middle and Last name) you will use after you are married
8A. NUMBER OF PREVIOUS MARRIAGES	List the total number of your prior marriages, if any	List the total number of your prior marriages, if any
8B. IF PREVIOUSLY MARRIED, HOW DISSOLVED	Specify whether your <u>last</u> marriage was dissolved by death or divorce (be prepared to provide proof).	Specify whether your last marriage was dissolved by death or divorce (be prepared to provide proof).
8C. WHEN AND WHERE	List the Date (Month/Year), City and State of your <u>last</u> marriage	List the Date (Month/Year), City and State of your <u>last</u> marriage
9. FATHER’S NAME	Print Father’s full name (even if deceased)	Print Father’s full name (even if deceased)
10. FATHER’S BIRTHPLACE	Print City and State	Print City and State
11. MOTHER’S MAIDEN NAME	Print Mother’s full maiden name (even if deceased)	Print Mother’s full maiden name (even if deceased)
12. MOTHER’S BIRTHPLACE	Print City and State of birth	Print City and State of birth
13. FATHER’S RESIDENCE	Print Father’s current residence address – if not known, print “unknown”	Print Father’s current residence address – if not known, print “unknown”
14. MOTHER’S RESIDENCE	Print Mother’s current residence address – if not known, print “unknown”	Print Mother’s current residence address – if not known, print “unknown”
15. CONTEMPLATED DATE AND PLACE OF MARRIAGE	Print the Date, City and State in which you plan to marry	Print the Date, City and State in which you plan to marry
16. HAVE YOU TOGETHER COMPLETED A PREMARITAL EDUCATION COURSE PURSUANT TO CODE SECTION 19-3-30.1?	Print “Yes” or “No”	Print “Yes” or “No”

Please complete the attached envelope with your name and address. We will use this envelope to mail your Marriage Certificate to you. It may take up to two weeks for you to receive your Marriage Certificate.