



REQUIREMENTS FOR OBTAINING A MARRIAGE LICENSE IN CHEROKEE COUNTY, GA

- Both parties **must** present a photo I.D. and must show proof of age. We accept as proof of age the following documents: driver's license, passport, military I.D., or certified birth certificate (with official translation if not in English).
- You must be 17 years of age or older in order to obtain a marriage license.
- If either applicant is 17 years of age, they must have been emancipated and must present a certified copy of the order of emancipation dated at least 15 days prior to the marriage application being submitted. The intended spouse must be no more than four (4) years older and both parties must have attended marriage counseling as provided by O.C.G.A. §19-3-30.1.
- If either applicant 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 applicants 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 \$66.00. If you have a Certification of Completion of Qualifying Premarital Education the fee is \$26.00. There is an additional \$10.00 fee for obtaining a certified copy of the Marriage License Application.
- Payment may be made by cash or credit/debit card. A convenience fee of 4% will be added to all card transactions.
- You may obtain a marriage license between the hours of 8:30 A.M. and 4:10 P.M. Monday through Friday. 90 North Street, Suite 340, Canton. Please have all applications completed no later than 4:10 P.M. in order to receive your marriage license the same day. Please check for closings.
- Both applicants must sign the marriage application in the presence of a Deputy Clerk.

Office Number: 678-493-6160

APPLICATION FOR MARRIAGE LICENSE

LICENSE # _____

PARTICULARS	PERSONAL	CONTRACTING PARTIES			
		APPLICANT #1		APPLICANT #2	
		Phone #		Phone #	
1. FULL NAME (current first, middle and last)					
2. LAST NAME AT BIRTH					
3. RESIDENCE STREET ADDRESS					
CITY, STATE AND ZIP CODE					
4. AGE - LAST BIRTHDAY		Age		Age	
DATE OF BIRTH					Date of Birth
5. GENDER (indicate "male" or "female")					
6. RACE (OPTIONAL)					
7. BIRTHPLACE (city or county, state, country)					
8. RELATIONSHIP OF PARTIES, OR "NONE"					
9. FULL NAME TO BE USED AFTER MARRIAGE					
10A. NUMBER OF PRIOR MARRIAGES					
10B. HOW PRIOR MARRIAGE WAS DISSOLVED					
10C. WHEN AND WHERE (year, county, state)					
11. FATHER'S NAME (full name)					
12. FATHER'S BIRTHPLACE (city/state)					
13. MOTHER'S MAIDEN NAME (full name)					
14. MOTHER'S BIRTHPLACE (city/state)					
15. CONTEMPLATED DATE & PLACE OF MARRIAGE (MUST BE IN GEORGIA)					
16. PREMARITAL COUNSELING (yes or no) (MUST PROVIDE PROOF)					

Each of the undersigned applicants hereby certifies that the answers given above are true and correct, that each has received the DPH aids brochure and list of test sites, and that there is no legal impediment to the marriage of the parties.

APPLICANT #1 _____ APPLICANT #2 _____

Sworn to and subscribed before me this ____ day of _____, 20__ Sworn to and subscribed before me this ____ day of _____, 20__

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 \$10.00 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 (\$10.00).

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

APPLICANT'S SIGNATURE

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 _____, _____.

Signature

Notary Public

Printed Name

My Commission Expires: _____

Address

City, State, ZIP

Phone Number

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	For both Applicants #1 and #2
1. FULL LEGAL NAME	Print your full CURRENT First, Middle and Last name with no abbreviations.
2. LAST NAME AT BIRTH	Print the last name at the time of your birth.
3. STREET ADDRESS	Print the Physical/Residence Address.
CITY, STATE, AND ZIP CODE	Print the City, State and Zip Code.
4. AGE LAST BIRTHDAY, DATE OF BIRTH	Print your age as of last birthday and Date of Birth.
5. GENDER	Indicate "Male" or "Female"
6. RACE	This is optional. If you want to complete it, print what you feel is appropriate.
7. BIRTHPLACE	Print the City or County and State of Birth. Also print the Country if not the United States.
8. RELATIONSHIP OF PARTIES	If the applicants are related to each other, print the relation; if not, print "NONE."
9. FULL NAME TO BE USED AFTER MARRIAGE	If the applicant's name will be changed as a result of the marriage, then print the full name (First, Middle and Last name) you will use after you are married.
10A. NUMBER OF PRIOR MARRIAGES	Print the total number of marriages prior to this one.
10B. HOW PRIOR MARRIAGE WAS DISSOLVED	Print whether the last marriage was dissolved by death, divorce, annulment or some other legal proceeding. You will be required to provide either a certified death certificate or a copy of a signed and filed final order dissolving the last marriage, as appropriate.
10C. WHEN AND WHERE	List the Date (Month/Year) and location (City and State) where the previous marriage was dissolved.
11. FATHER'S NAME	Print father's full name. If not known, print "unknown."
12. FATHER'S BIRTHPLACE	Print City, State, and Country of father's birth, if known. If not known, then print "unknown."
13. MOTHER'S MAIDEN NAME	Print mother's full maiden name. If not known, then print "unknown."
14. MOTHER'S BIRTHPLACE	Print City, State, and Country of mother's birth, if known. If not known, then print "unknown."
15. CONTEMPLATED DATE AND PLACE OF MARRIAGE	If known, print the date and city where you plan to marry. If not known, print "unknown." THE LICENSE IS ONLY VALID IN GEORGIA.
16. PREMARITAL COUNSELING	Print "Yes" or "No" and provide documentation that the counseling was completed in accordance with Georgia law.