SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
MARRIAGE BUREAU
CIVIL WEDDING REQUEST INFORMATION

Spouse's Name _____ **DOB** _____
First Name **M.I.** **Last Name**

Spouse's S.S. No. ____/____/____ **Telephone No. H/W** _____/_____

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Spouse's Name _____ **DOB**_____
First Name **M.I.** **Last Name**

Spouse's S.S. No. ____/____/____ **Telephone No. H/W** _____/_____

MARRIAGE LICENSE INFORMATION

APPLICATION DATE: ____/____/____ **LICENSE NUMBER:** _____ **ISSUED DATE:** ____/____/____

WEDDING DATE REQUESTED

When do you want to be married? DATE: ____/____/____ **TIME:** _____:_____ **AM / PM**

NUMBER OF GUESTS: _____ **WILL YOU HAVE PICTURES TAKEN?** ☐ **YES** ☐ **NO**

HAVE YOU REQUESTED THE SERVICES OF A JUDGE OR OFFICIAL TO PERFORM YOUR WEDDING? ☐ **YES** ☐ **NO**
IF YES, WHO?

NAME: _____

COURT: _____ **STATE:** _____

TELEPHONE No. _____ **WHERE WILL THE WEDDING BE PERFORMED?:**

ADDRESS _____ **TELEPHONE No.**_____

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CONFIRMATION OF THE CIVIL WEDDING

WEDDING APPOINTMENT MADE: ____/____/____ TIME: _____:_____ **AM / PM**

NAME OF THE OFFICIAL: _____

FOR OFFICIAL USE ONLY

☐ Request Entry Made
☐ Appointment Made
☐ Appointment Entry Made
☐ **PTR Issued**
☐ **Party Notified**
☐ **Disposition Entered**

INSTITUTIONAL IDENTIFICATION(S)

SPOUSE PLACE _____ **SPOUSE PLACE** _____

DCDC# _____-_____ **DOB:** ____/____/____ **DCDC#** ____-____ **DOB :** ____/____/____