DEPARTMENT OF HEALTH AND HUMAN S—PUBLIC HEALTH SERVICE—NATIONAL CENTER FOR HEALTH STATISTICS 1989 REVISION

TYPE/PRINT

VIRGIN ISLANDS OF THE UNITED STATES LICENSE AND CERTIFICATE OF MARRIAGE

IN PERMANENT BLACK INK FOR	LICENSE AND CERTIFICATE OF MARRIAGE										
INSTRUCTIONS SEE	LICENSE NUMBER 1. GROOM'S NAME (First, Middle, Last)					STATE FILE NUMBER 2. AGE LAST BIRTHDAY					
HANDBOOK	3a. RESIDENCE – CITY TOWN OR LOCATION					3b. COUNTY OR ISLAND					
GROOM	3c. STATE	4a. BIRTHPLACE (State or foreign Cou			ntry)	40. DATE OF BIRTH (MONUII, D			, ,	s. SOC SEC NO	
	6a. FATHER'S NAME (First, Middle, Last) 6b.					MOTHER'S NAME (First, Middle, Maiden Surname)			7b. BIRTHPLACE (State or Foreign Country)		
	8a. BRIDE'S NAME (First, Middle, Last) 8b. MA				MAIDEN S	AIDEN SURNAME (if different)			9. AGE LAST BIRTHDAY		
	10a. RESIDENCE – CITY, TOWN OR LOCATION					10b. COUNTY OR ISLAND					
BRIDE	10c. STATE	10c. STATE 11a. BIRTHPLACE (State OR fore			Country) 11b. DATE OF BIRTH (month			th, Day, Yea	n, Day, Year) 12. SOC SEC NO		
	13a. FATHER'S NAME (First, Middle, Last) 13			o. BIRTHPLACE (State or Foreign Country)		4a. MOTHER'S NAME (First, Middle, maiden Surname)		14b. BIRTHPLACE (Si Foreign Country)			
	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.										
SIGNATURES	15. GROOM'S SIGNATURE 16. BRIDE'S SIGNATURE 17. GROOM'S SIGNATURE 18. BRIDE'S SIGNATURE										
	This License Authorizes the Marriage in This State of the Parties Named Above by Any Person Duty Authorized to Perform a Marriage Ceremony Under the Laws of the State of										
LICENSE TO MARRY	18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year) 19. SIGNATURE of ISSU				SUING OFF	ING OFFICIAL 2			20. TITLE OF ISSUING OFFICIAL		
	21. I CERTIFY THAT THE ABOVE NAME PERSONS WERE MARRIED ON: (Month, Day, Year) 22a. WHERE MARR				RRIED—CIT	IED—CITY, TOWN OR LOCATION			22b. ISLAND		
	23a. SIGNATURE OF PERSON PERFORMING CEREMONY 23b. NAME (Type)					//Print) 23c. TITLE					
CERMONY	23c. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	24a. SIGNATURE OF WITNESS TO CEREMONY					24b. SIGNATURE OF WITNESS TO CEREMONY					
Local Official	25. SIGNATURE OF COURT REGISTRATION OFFICIAL CLERK OF THE TERRITORIAL COURT					26	26. DATE FILED BY COURT (Month, Day, Year)				
	CONFIDENTIA	AL INFORMATION.	THE INFOR	RMATION BELO	W WILL N	OT APP	EAR ON CERTIFI	ED COPIE	S OF THE RE	CORD.	
	27. NUMBER OF THIS	28. IF PREVIOUSLY MARRIED. LAST ENDED		. LAST MARRIAGE			RACE—American Indian, Black,		30. EDUCATION (Specify only highest grade completion)		
	MARRIAGE – First, Second, etc. (Specify below)	By Death, Divorce, Dispo or Annulment (Specify b		ate (Month, Day, Yea	١ ١		etc. (Specify below)		ntary/Secondary (0-12)	College 1-4 or 5	
GROOM	27a.	28a.	28	b.	29a.			30a.		!	

30b.

BRIDE

27b.

28c.

28d.

29b.