

## Marriage License Application

The information provided on the Marriage License Application by the couple applying to be married will be used to prepare the Marriage Certificate. Please print clearly with blue or black ink. Corrections to the Marriage Certificate after it has been issued may require a fee.

### Marriage Application Checklist:

- Completed Marriage Application
  - Copy of Tribal ID (for enrolled citizens)
  - Filing Fee of \$50
  - Marriage Certificate Fee \$10 – Optional to pay when filing
1. The marriage application must be completed and submitted to the Clerk of the Court. Both parties must complete their section of the application.
  2. Both parties must be present with picture identification (must contain the person's name, picture, and date of birth).
  3. Both parties must be sworn in and sign the application in the presence of a clerk of the court, Judge, or Magistrate. If one or both of the parties are not able to appear in person to sign the license, they must use a state or Tribal Government official, such as a court clerk, judge, magistrate, tribal president or city/Borough may administer the oath and witness their signatures.
  4. Both parties must be at least 18 years of age for a marriage license to be issued. If one or both of the parties have not reached the age of 18 they must provide verifiable and written consent from their parent(s) or legal guardians(s).
  5. At least one of the persons to be married must be an enrolled citizen of Tlingit & Haida.
  6. If either party has previously been married, the number of previous marriages and the dates the marriage(s) ended must be stated in the application.
  7. Request for an official marriage certificate, at a cost of \$10, can be filed with the Clerk of the Court by mail to PO Box 25500 or in person at 320 west Willoughby Ave., Ste. 200, Juneau, Alaska, 99801.

***Note: Once a Marriage License has been issued, it will remain valid for one year for the date the license was issued.***

<b>Party A</b> Check one: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse	<b>Party B</b> Check one: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse
Current Name (first, Middle, Last)	Current Name (first, Middle, Last)
Last Name as listed on your birth certificate	Last Name as listed on your birth certificate
Last Name to be Taken After Ceremony	Last Name to be Taken After Ceremony
Social Security #	Social Security #
Street Address or PO Box	Street Address or PO Box
City/State/Zip Code	City/State/Zip Code
Telephone Number (area code + number)	Telephone Number (area code + number)
Date of Birth	Date of Birth
Place of Birth (city, state, and/or country)	Place of Birth (city, state, and/or country)
Tribe/Clan/Moiety	Tribe/Clan/Moiety
Enrollment #	Enrollment #

Is there any blood relationship between you and the other party? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any blood relationship between you and the other party? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any legal reason why this marriage should not be solemnized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any legal reason why this marriage should not be solemnized? <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Tlingit & Haida Tribal Law prohibits marriages between two people more closely related than first cousins (see CSC Sec. 05.01.005).

I do solemnly swear that the information given above is true and current to the best of my knowledge and belief.	I do solemnly swear that the information given above is true and current to the best of my knowledge and belief.
<b><i>Important: Do not sign until you are sworn in.</i></b>	<b><i>Important: Do not sign until you are sworn in.</i></b>

Subscribed and sworn in before me on  _____, Month Day Year	Subscribed and sworn in before me on  _____, Month Day Year
_____ Signature, Title, and Seal	_____ Signature, Title, and Seal

Consent given (necessary if under age 18): <input type="checkbox"/> Yes, See attached	Consent given (necessary if under age 18): <input type="checkbox"/> Yes, See attached
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PERVIOUS MARRIAGES

PARTY A

PARTY B

Number of previous marriages: _____	Number of previous marriages: _____
If previous married, last marriage ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment	If previous married, last marriage ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment

First Previous Marriage

Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this Place:	Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this Place:
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Second Previous Marriage

Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this Place:	Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this Place:
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Third Previous Marriage

Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this Place:	Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this Place:
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Fourth Previous Marriage

Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this Place:	Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this Place:
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OFFICIANT

I am requesting one of the following to be our officiant:

T&H President  A Judge or Magistrate of Tribal Court

Other (please include person's contact information):

Date/Time of Ceremony:

*Note: If "Other" is chosen to be your officiant it could take up to ten (10) extra business days to be approved.*

*Note: If "T&H President" or "A Judge or Magistrate of Tribal Court" is chosen their schedule might not be open for the planned day of ceremony.*

***For Office Use Only***

Date Application Received: \_\_\_\_\_

Marriage License Number: \_\_\_\_\_

Date Application Approved/Denied: \_\_\_\_\_

If denied, reason: \_\_\_\_\_

Officiant Approved/Denied: \_\_\_\_\_

If denied, reason: \_\_\_\_\_