

Phone Number: \_\_\_\_\_

State of Nebraska - Department of Health and Human Services - VITAL RECORDS		
MARRIAGE WORKSHEET		
1. GROOM/PARTY A - Name (First, Middle, Last, Suffix)		2. AGE
3a. COUNTRY	3b. STATE	3c. COUNTY
3d. CITY, TOWN OR LOCATION	3e. RESIDENCE - Street and Number	3f. ZIP CODE
4. BIRTHPLACE (City and State or Foreign Country)		5. DATE OF BIRTH (Mo., Day, Yr.)
6a. FATHER'S - Name (First, Middle, Last, Suffix)		6b. BIRTHPLACE(City and State or Foreign Country)
7a. MOTHER'S - Full Maiden Name (First, Middle, Last, Suffix)		7b. BIRTHPLACE(City and State or Foreign Country)
8a. BRIDE/PARTY B - Name (First, Middle, Last, Suffix)		8b. MAIDEN NAME (if different)
		9. AGE
10a. COUNTRY	10b. STATE	10c. COUNTY
10d. CITY, TOWN OR LOCATION	10e. RESIDENCE - Street and Number	10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)		12. DATE OF BIRTH (Mo., Day, Yr.)
13a. FATHER'S - Name (First, Middle, Last, Suffix)		13b. BIRTHPLACE (City and State or Foreign Country)
14a. MOTHER'S - Full Maiden Name (First, Middle, Last, Suffix)		14b. BIRTHPLACE (City and State or Foreign Country)
<b>CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.</b>		
15. SOCIAL SECURITY NUMBER - Groom/Party A		15b. SOCIAL SECURITY NUMBER - Bride/Party B
16. If previously married, last marriage ended either by -		
Groom/Party A: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		Date Marriage Ended (Mo., Day, Yr.) _____
Bride/Party B: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		Date Marriage Ended (Mo., Day, Yr.) _____
17a. Is Groom/Party A of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		17b. Is Bride/Party B of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race</b>		
18a. Groom/Party A		18b. Bride/Party B
Check one or more races to indicate what each person considers him/herself to be		
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/>	Asian	<input type="checkbox"/>
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>