

State of Nebraska - Department of Health and Human Services Finance and Support - VITAL RECORDS

MARRIAGE WORKSHEET

1. GROOM - 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 - Name (First, Middle, Last, Suffix)		8b. MAIDEN NAME (If different)
8a. BRIDE - Name (First, Middle, Last, Suffix)		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)

CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.

15. SOCIAL SECURITY NUMBER - Groom	15b. SOCIAL SECURITY NUMBER - Bride
16. If previously married, last marriage ended either by - Groom: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Date Marriage Ended (Mo., Day, Yr.) _____ Bride: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Date Marriage Ended (Mo., Day, Yr.) _____	
17a. Is Husband of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	17b. Is Bride of Hispanic or Latina Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No

Race

18a. Husband

18 b. Wife

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"/> |