



# DECLARATION AND REGISTRATION OF INFORMAL MARRIAGE, \_\_\_\_\_ County, Texas

Sec. 2.009 of the Texas Family Code requires the applicants for a marriage license to provide the information on this form, including their social security number. A county clerk may not registrar a license unless all information is provided on this application.

Please **PRINT** your responses carefully and accurately.

M  
A  
N

First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/year)	Age	Place of Birth (city)	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Telephone Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address (number & name)	City	State/Foreign Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I solemnly swear (or affirm) that we, the undersigned, are married to each other by virtue of the following facts:

- On or about \_\_\_\_\_, we agreed to be married, (MM/DD/YEAR)
- After that date we lived together as husband and wife in this state,
- We represented to others that we were married.

Since the date of marriage to the other party I have not been married to any other person.

This declaration is true and the information in it which I have given is correct.

The other applicant is not related to me as:  TRUE  FALSE

- an ancestor or descendant, by blood or adoption;
- a brother or sister, of the whole or half blood or by adoption;
- a parent's brother or sister of the whole or half blood or by adoption;
- a son or daughter of a brother or sister of the whole or half blood or by adoption;
- a current or former stepchild or stepparent; or
- a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption.

Applicant Signature \_\_\_\_\_

**WARNING:** THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HSC, SEC. 195.003)

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M  
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First Name	MI	Last Name	Maiden Surname (if different)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/year)	Age	Place of Birth (city)	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Telephone Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address (number & name)	City	State/Foreign Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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- a parent's brother or sister of the whole or half blood or by adoption;
- a son or daughter of a brother or sister of the whole or half blood or by adoption;
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**OFFICE USE ONLY:**

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_\_.

MAN IDENTIFICATION TYPE (ID & age)

WOMAN IDENTIFICATION TYPE (ID & age)

\_\_\_\_\_ County Clerk

\_\_\_\_\_ County, Texas

by \_\_\_\_\_ Deputy

LICENSE NUMBER

VOLUME

PAGE

FEE WAIVED

VS-180.1 REV 9/2008