CLERK OF SUPERIOR COURT MOHAVE COUNTY COURTHOUSE POST OFFICE BOX 7000 KINGMAN, ARIZONA 86402

Christina Spurlock Clerk Phone (928) 753-0713 Fax (928) 718-4930

MARRIAGE LICENSE BY MAIL APPLICATION FORM

Must be at least 18 years of age. A copy of a valid driver's license or other valid government-issued ID (passport, identification card) for both parties must be included with this application.

Please print: Information must be clear and accurate as it will appear on your marriage license. Information on Application must match your government-issued ID. You may email this completed application to: clerkofcourt@mohavecourts.com. Marriage license is valid one year from the date of issue. Please allow up to 6 weeks for processing of Marriage License By Mail.

		Middle	Last
rrent Address:			
	Street Address		
	City	State	Zip Code
	Age	Date of Birth	
RTY TWO:	(All information	on must be provided per A.R.S. §	25-121)
ral Name			
First		Middle	Last
rrent Address:			
	Street Address		
	City	State	Zip Code

WILL NOT BE MAILED OUTSIDE THE UNITED STATES

Party One's Social Security Number is: ______ Initial Here: ______ Party Two's Social Security Number is: _____ Initial Here: ______ Choose ONE of the following: ______ Initial Here: ______ Email my Marriage Affidavit to: _______ FAX my Marriage Affidavit to: _______ Mail my Marriage Affidavit to: _______ Mail my Marriage Affidavit to: _______ City, State, Zip Code: _______

Pursuant to A.R.S. 25-121, Except for release to the department of economic security for the purpose of child support enforcement, the social security number provided to the clerk of the superior court pursuant to subsection B of this section for an applicant's marriage license shall not be released to any person or entity unless the applicant requests in writing that the information be released.