



OFFICE OF THE CLERK AND RECORDER
LORI MITCHELL, COUNTY CLERK

Marriage License Checklist

Please mail the below required documentation to PO Box 699, Salida, CO 81201

SIGNED MARRIAGE APPLICATION. See attached. Names for each applicant must exactly match the identification presented. All required information must be entered. Enter complete dates of divorce or widow events if applicable. Both parties must sign the application.

IDENTIFICATION. Enclose a clear photocopies of your valid Driver's License issued in the United States, Passport, Military ID, or State-issued ID Card.

PAYMENT OF \$30. Send a check payable to Chaffee County Clerk for \$30.

CONTACT INFORMATION. Please fill out below fields.

Name:

Mailing Address:

Phone Number:

Email Address:

If these apply, please include proper documentation.

DIVORCE DATE WITHIN 30 DAYS. If either party has finalized a divorce within 30 days of applying for the marriage license, the final decree must be produced. This decree must be signed by the judge or court referee.

JUDICIAL COURT ORDER. If either party is age 16 or 17.

Contact the County Clerk's Office with any questions about this process, we are here to help. Call (719) 530-5602 and leave a message or send an email to our Deputy Recorder at KGrauer@chaffeecounty.org.

STATE OF COLORADO APPLICATION FOR MARRIAGE LICENSE

County of _____ License # _____

PARTY ONE:

Legal Name: _____
First Middle Name Last Suffix Previous Married Name

Address: _____
Number/Street City State/ Zip

Birth Date: ___/___/___ Sex: Male Female Non-Binary Last name at birth if different (opt): _____

Social Security Number: _____ City&State of Birth: _____

Parent/Legal Guardian: _____ City&State: _____
First Middle Name Last Current Residence. If deceased, last known residence.

Parent/Legal Guardian: _____ City&State: _____
First Middle Name Last Current Residence. If deceased, last known residence.

Present Marital/Union Status: (circle one) Single Widowed Divorced/Dissolved/Declared Invalid Married Civil Union

If Divorced/Dissolved/Declared Invalid or Widowed
 Date: ___/___/___ City&State: _____ Type of Court (if applicable): _____

If previously in a civil union, name of former partner: _____

Proof of Age: (circle one) Valid Driver's License Passport Birth Certificate Other (specify) _____

PARTY TWO:

Legal Name: _____
First Middle Name Last Suffix Previous Married Name

Address: _____
Number/Street City State/ Zip

Birth Date: ___/___/___ Sex: Male Female Non-Binary Last name at birth if different (opt): _____

Social Security Number: _____ City&State of Birth: _____

Parent/Legal Guardian: _____ City&State: _____
First Middle Name Last Current Residence. If deceased, last known residence.

Parent/Legal Guardian: _____ City&State: _____
First Middle Name Last Current Residence. If deceased, last known residence.

Present Marital/Union Status: (circle one) Single Widowed Divorced/Dissolved/Declared Invalid Married Civil Union

If Divorced/Dissolved/Declared Invalid or Widowed
 Date: ___/___/___ City&State: _____ Type of Court (if applicable): _____

If previously in a civil union, name of former partner: _____

Proof of Age: (circle one) Valid Driver's License Passport Birth Certificate Other (specify) _____

Are the applicants related by blood? Y or N How? _____

Married Status: (circle one) Common Law Renewing your vows Other (specify) _____

OATH: We, the undersigned, hereby make application for a license to unite in marriage, and under oath we state that the information given is true and correct to the best of our knowledge, that neither applicant is under legal guardianship, or have provided written consent or judicial order, and believe that there exists no reason why we should not be married.

PARTY ONE Signature: _____ PARTY TWO Signature: _____

Subscribed and sworn to me this _____ day of _____, 20__ at _____ m.

(seal)

By: _____
County Clerk and Recorder Deputy County Clerk

Type of Ceremony: (circle one) Religious Civil Self Date of Ceremony: _____

Return Mail Address _____ Recording Info _____