

NON-RESIDENT AFFIDAVIT FOR ANNE ARUNDEL COUNTY, MARYLAND MARRIAGE LICENSE

This form is to be used by applicants that are getting married in Anne Arundel County, Maryland and do not reside in the State of Maryland.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
APPLICATIONS THAT ARE NOT COMPLETED, WILL BE RETURNED

1. Affidavit must be completed and signed in the presence of the official that issues marriage licenses in the state that you reside. In addition, the official must affix a seal. **A NOTARY PUBLIC DOES NOT QUALIFY AS AN OFFICIAL.**
2. Once the non-resident affidavit is received in our office, there is a 48 hour waiting period. The license must be used in Anne Arundel County within 6 months of the issue date. A license will not be issued until all applicable laws of Maryland are complied with. Changes made after the application has been processed will incur an additional fee.
3. License fee of \$55.00 must be tendered by MONEY ORDER or CERTIFIED CHECK payable to Clerk of the Circuit Court. Personal checks are not accepted.
- 4) For assistance call (410) 222-1434 Monday to Friday 8:30 am to 4:00 pm.

Please provide your day time phone number: _____

When this marriage license is issued, (please select one):

_____ We will pick up the license at the Clerk of the Circuit Court for Anne Arundel County

_____ Please mail the license to: _____

To the Clerk of the Circuit Court for Anne Arundel County, Maryland:

Name: _____
(First) (Middle Name) (Last)

Age: _____ **Date of Birth:** _____ **Birthplace:** _____
(State or Country)

Address: _____
(Street Address) (City, State and Zip)

Marital Status: ___Never Married IF PREVIOUSLY MARRIED, LIST EXACT DATE AND PLACE OF ALL DIVORCES AND/OR DEATHS

Widowed: _____ Divorced: _____

Social Security Number: _____

Name: _____
(First) (Middle Name) (Last)

Age: _____ **Date of Birth:** _____ **Birthplace:** _____
(State or Country)

Address: _____
(Street Address) (City, State and Zip)

Marital Status: ___Never Married IF PREVIOUSLY MARRIED, LIST EXACT DATE AND PLACE OF ALL DIVORCES AND/OR DEATHS

Widowed: _____ Divorced: _____

Social Security Number: _____

Relationship to spouse (ex: Cousins/1st Cousins or None) _____
(MUST BE ANSWERED)

(Signature of Witness)

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____, A.D., 20 _____

(SEAL)

Signature of clerk or comparable official
(NOTARY OFFICIALS DO NOT QUALIFY AS A COMPARABLE OFFICIAL)