Bride or Groom
Phone # _____

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

MARRIAGE WORKSHEET

1. GROOM/PARTY A - 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/PARTY B - Name (First, Middle, Last, Suffix)	8b. MAIDEN NAME (If different)		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/Party A	15b. SOCIAL SECURITY NUMBER - Bride/Party B

16. If previously married, last marriage ended either by -

Groom/Party A: ☐ Death ☐ Dissolution ☐ Annulment Date Marriage Ended (Mo., Day, Yr.) _____

Bride/Party B: ☐ Death ☐ Dissolution ☐ Annulment Date Marriage Ended (Mo., Day, Yr.) _____

17a. Is Groom/Party A of Hispanic or Latino Origin? ☐ Yes ☐ No	17b. Is Bride/Party B of Hispanic or Latino Origin? ☐ Yes ☐ No

Race

Check one or more races to indicate what each person considers him/herself to be

18a. Groom/Party A		18b. Bride/Party B
☐	White/Caucasian	☐
☐	Black or African American	☐
☐	American Indian or Alaska Native	☐
☐	Asian	☐
☐	Native Hawaiian or Other Pacific Islander	☐