

WORK SHEET FOR PREPARATION OF MARRIAGE LICENSE FORM

LICENSE NUMBER

COUNTY

1. GROOM-NAME		FIRST	MIDDLE	LAST	
2a. RESIDENCE-STATE		2b. COUNTY		2c. CITY, TOWN, OR LOCATION	
2e. STREET AND NUMBER		3. BIRTHPLACE (COUNTY & STATE)		4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE
5a. FATHER-NAME		5b. STATE OF BIRTH		5c. ADDRESS (if Living)	
6a. MOTHER-MAIDEN NAME		6b. STATE OF BIRTH		6c. ADDRESS (if Living)	
7. RACE-GROOM (Optional)	8. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED		10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED	
		9a. LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	9b. DATE MONTH YEAR		ELEMENTARY (0, 1, 2, 3, 4, ... or 8)
11a. BRIDE-NAME		FIRST	MIDDLE	LAST	
12a. RESIDENCE-STATE		12b. COUNTY		12c. CITY, TOWN, OR LOCATION	
12e. STREET AND NUMBER		13. BIRTHPLACE (COUNTY & STATE)		14a. DATE OF BIRTH (Month, Day, Year)	14b. AGE
15a. FATHER-NAME		15b. STATE OF BIRTH		15c. ADDRESS (if Living)	
16a. MOTHER-MAIDEN NAME		16b. STATE OF BIRTH		16c. ADDRESS (if Living)	
17. RACE-BRIDE (Optional)	18. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED		20. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED	
		19a. LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	19b. DATE MONTH YEAR		ELEMENTARY (0, 1, 2, 3, 4, ... or 8)

DHHS 1607 (Revised 11/01) Vital Records

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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|------------------------|--------|-----------------------------------|---------|
| White | Wht | Other Asian | OAsi |
| Colored | Col | Native Hawaiian | NatHaw |
| Indian | Ind | Guamarian | Guam |
| Black | Blk | Chomorro | Chom |
| African-American | AfrAm | Samoan | Samo |
| American Indian | AmInd | Other Pacific Islander | OPacIs |
| Alaska Native | AlaNat | Mexican | Mexi |
| Asian India | AsInd | Mexican-American | MexAm |
| Chinese | Chin | Chicano | Chica |
| Filipino | Fili | Puerto Rican | PueRi |
| Japanese | Japa | Cuban | Cuba |
| Korean | Kore | Other Spanish/Hispanic/Latino ... | OSpHiLa |
| Vietnamese | Viet | Other | Oth |