

CHAMPAIGN COUNTY MARRIAGE / CIVIL UNION APPLICATION AND RECORD

State File Number

County Champaign		License Number					
Partner A		First Name		Middle Name	Last Name	Suffix	Last Name on Birth Certificate
Street and Number or R.F.D		City		County	State	Zip Code	Country
Date of Birth (mm/dd/yyyy)	Age	Gender	City of Birth	Birthplace(State or Foreign Country)		Social Security Number	
Occupation			Phone Number		Email		
Parent's Name (First, Middle, Last)		Birth Name		Parent's Address			Birthplace(State or Foreign Country)
Parent's Name (First, Middle, Last)		Birth Name		Parent's Address			Birthplace(State or Foreign Country)
Partner B		First Name		Middle Name	Last Name	Suffix	Last Name on Birth Certificate
Street and Number or R.F.D		City		County	State	Zip Code	Country
Date of Birth (mm/dd/yyyy)	Age	Gender	City of Birth	Birthplace(State or Foreign Country)		Social Security Number	
Occupation			Phone Number		Email		
Parent's Name (First, Middle, Last)		Birth Name		Parent's Address			Birthplace(State or Country)
Parent's Name (First, Middle, Last)		Birth Name		Parent's Address			Birthplace(State or Country)
If Parties Are Related to Each Other - Specify Relationship							
Race Specify (Caucasian)	Education (Highest Grade Completed)		Number of This Civil Union and Marriages		If previously Married or in a Civil Union- Last Civil Union /Marriage Ended by Death, Dissolution etc		
African-American, Native American, Asian, etc)	Elementary or Secondary (1-12)	College (1- 4 or 5+)	Specify (e.g. First, Second)		Specify How	Specify When (mm/dd/yyyy)	Specify Where (County and State)
Partner A							
Partner B							
Of Hispanic/Latin Origin? If yes, specify (Cuban, Mexican, Puerto Rican etc)		Partner A Yes <input type="checkbox"/> No <input type="checkbox"/>		Partner B Yes <input type="checkbox"/> No <input type="checkbox"/>		Specify _____	

Now that you have completed the marriage license, please follow the next steps.

1. Make an appointment to complete the license process. You can make an appointment **HERE**.
2. Email the application and your appointment date to **vitals@co.champaign.il.us** or print it and bring it with you to your appointment.