

Kimberly M. Barbetta

201 Courthouse Square
Wellsburg, WV 26070

BROOKE COUNTY CLERK

Ph: 304-737-3661
Fax: 304-737-4023

Good in the State of WV **ONLY**
Must be used within 60 days
Non-refundable

Fill out application completely
Must be Legible

Need a copy of both (groom/bride) ID's.

Cash/Check/Credit Card
(payable to the Brooke County Clerk)
\$57

If you have had a marriage class that you have a Certificate for you will need to have a copy of the Certificate at the time you apply, this saves you \$20
\$37

ONLY IF YOU HAVE HAD THIS CLASS!!

Once you get married you will need a Certified Copy of your Marriage from our office this is an additional \$5
You may prepay for this at the time you apply

Once you have completed your application and are ready to obtain your marriage license both parties will need to apply in person at the County Clerk's Office.

SIGNATURES REQUIRED

Photo copy of your ID's
Money

Hours that you may apply:
Monday-Friday 9AM -4:30PM

Price Increase 7/1/2021

WEST VIRGINIA BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION
APPLICATION FOR MARRIAGE LICENSE

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK
 FOR
 INSTRUCTIONS
 SEE
 HANDBOOK

License No. _____

Date License Issued _____		COUNTY: _____		STATE FILE NUMBER _____		
1 GROOM'S NAME (First, Middle Last)			2 AGE LAST BIRTHDAY			
3a RESIDENCE CITY, TOWN, OR LOCATION			3b COUNTY			
3c STATE		4 BIRTHPLACE (State or Foreign Country) CITY/ST		5 DATE OF BIRTH (Month, Day, Year)		
6a FATHER'S NAME (First, Middle Last)		6b BIRTHPLACE (State or Foreign Country)	7a MOTHER'S NAME (First, Middle, Maiden Surname)		7b BIRTHPLACE (State or Foreign Country)	
8 SOC SEC NO		9 RELATIONSHIP TO BRIDE NONE <input type="checkbox"/>		10 EVIDENCE OF AGE		
11a BRIDE'S NAME (First, Middle, Last)			11b MAIDEN SURNAME (If different)		12 AGE LAST BIRTHDAY	
13a RESIDENCE-CITY, TOWN, OR LOCATION			13b COUNTY			
13c STATE		14 BIRTHPLACE (State or Foreign Country) CITY/ST		15 DATE OF BIRTH (Month, Day, Year)		
16a FATHER'S NAME (First, Middle, Last)		16b BIRTHPLACE (State - Foreign Country)	17a MOTHER'S NAME (First, Middle, Maiden Surname)		17b BIRTHPLACE (State or Foreign Country)	
18 SOC SEC NO		19 RELATIONSHIP TO GROOM NONE <input type="checkbox"/>		20 EVIDENCE OF AGE		
21 NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	22 IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		23 RACE - American Indian, Black, White, etc. (Specify below)		24 EDUCATION (Specify only highest grade completed)	
	By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)			Elementary / Secondary (0-12)	College (1-4 or 5 +)
21a	22a	22b	23a	24a	24b	
21b	22c	22d	23b	24c	24d	
Marriage is designed to be a loving and lifelong union between a woman and a man. The laws of this state affirm your right to enter this marriage and to live within the marriage free from violence and abuse. Neither of you is the property of the other. Physical abuse, sexual abuse, battery, and assault of a spouse or other family member, and other provisions of the criminal laws of this state are applicable to spouses and other family members and these violations are punishable by law.						
The applicant(s), being first duly sworn, declares that the statements above are true and correct.						
25. SIGNATURE OF GROOM			26. SIGNATURE OF BRIDE			
27. Taken, subscribed and sworn to before the undersigned authority by the applicant(s) above, this _____ day of _____ year _____						
Deputy Clerk, County Court of _____ County, WV						
RECORD OF MARRIAGE						
28. DATE OF MARRIAGE (Month) (Day) (Year)		29. COUNTY OF MARRIAGE		30. CITY OR TOWN OF MARRIAGE		
31 OFFICIANT'S NAME			b. ADDRESS			
c. AUTHORIZED POSITION <input type="checkbox"/> RELIGIOUS OFFICIAL			<input type="checkbox"/> CIVIL OFFICIAL			
Specify Religious Body _____			Specify Authorized Position _____			
32. SIGNATURE OF COUNTY CLERK			33. DATE FILED (Month) (Day) (Year)			

GROOM

BRIDE

GROOM

BRIDE

Bride and groom must sign →

To County Clerk:
 1 Transcribe information from marriage license to Record of Marriage.
 2 Item 31: Enter date this record is completed.

GROOM# _____ BRIDE# _____

MAILING ADDRESS: _____

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?

IF YOU WANT TO REGISTER TO VOTE, CHANGE YOUR ADDRESS OR YOUR PARTY

IF YOU ARE ALREADY REGISTERED TO VOTE OR DO NOT WANT TO REGISTER

MARK: **YES** _____

MARK: **NO** _____

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. APPLYING TO REGISTER TO VOTE OR DECLINING TO REGISTER TO VOTE WILL NOT AFFECT THE ASSISTANCE OR SERVICES THAT YOU WILL BE PROVIDED BY THIS AGENCY.

366

IF YOU DECLINE TO REGISTER TO VOTE, THIS FACT WILL REMAIN CONFIDENTIAL. IF YOU DO REGISTER TO VOTE, THE OFFICE WHERE YOUR APPLICATION WAS SUBMITTED WILL REMAIN CONFIDENTIAL AN MAY BE USED ONLY FOR THE VOTER REGISTRATION PURPOSES.

IF YOU WOULD LIKE HELP IN FILLING OUT THE VOTER REGISTRATION APPLICATON FORM, WE WILL HELP YOU. THE DECISION WHETHER TO SEEK OR ACCEPT HELP IS YOURS. Y3668 OU MAY FILL OUT THE APPLICATION IN PRIVATE IF YOU DESIRE.

DATE

APPLICANT'S NAME

SIGNATURE

Received complete

Received Incomplete

Mail-in form

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to vote or your right to choose you own political party or other political preference, you may file a complaint with:

**MAC WARNER: SECRETARY OF STATE
BUILDING 1, SUITE 157-K
1900 KANAWHA BLVD., EAST
CHARLESTON, WV 25305-0770
PHONE: 1-866-SOS-VOTE
(304) 558-6000**

PLEASE COMPLETE

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