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

18a. Groom/Party A	Check one or more races to indicate what each person considers him/herself to be	18b. Bride/Party B
☐	White/Caucasian	☐
☐	Black or African American	☐
☐	American Indian or Alaska Native	☐
☐	Asian	☐
☐	Native Hawaiian or Other Pacific Islander	☐