DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-05061T (07/2022)

STATE OF WISCONSIN
Wis. Stat. ch. 69
Page 1 of 2

TRIBAL MARRIAGE LICENSE APPLICATION

This form must be signed in the presence of the Tribal Clerk or Deputy. Contact Tribal Clerk with questions.

APPLICANT 1 (Groom/Spouse 1)

1. What document did you bring as proof of identity & age?

2. Do you require permission from a parent or guardian to marry?

3 - 4. Are you a member of the Tribal Nation of issuance? (At least one applicant must be a member of the Tribal Nation of issuance.)

5. Have you been married previously?
☐ No ☐ Yes, number of this marriage:

6. How did your last marriage end? (Must provide proof)
☐ Death ☐ Divorce Annulment

7. Date your last marriage ended

APPLICANT 2 (Bride/Spouse 2)

8. What document did you bring as proof of identity & age?

9. Do you require permission from a parent or guardian to marry?

10 - 11. Are you a member of the Tribal Nation of issuance? (At least one applicant must be a member of the Tribal Nation of issuance.)

12. Have you been married previously?
☐ No ☐ Yes, number of this marriage:

13. How did your last marriage end? (Must provide proof)
☐ Death ☐ Divorce Annulment

14. Date your last marriage ended

15. Are you related to each other? (If yes, enter relationship)
☐ No ☐ Yes, relationship

16. If first cousins and female applicant is under 55 years old, check which applicant is sterile.
☐ Not Applicable ☐ Applicant 1 ☐ Applicant 2

17. Which set of labels should your marriage license worksheet and marriage certificate use?
☐ Groom/Bride ☐ Bride/Bride ☐ Groom/Groom ☐ Spouse/Spouse

APPLICANT 1 (Groom/Spouse 1)

18. CURRENT NAME - First   Middle   Last   Suffix

19. BIRTH NAME - First   Middle   Last   Suffix

20. DATE OF BIRTH

21. BIRTHPLACE - COUNTRY

22. STATE

23. MOTHER'S BIRTH NAME – First, Middle, Last

24. FATHER'S BIRTH NAME – First, Middle, Last

25. Same Sex Parents?

26. RESIDENCE – COUNTRY/STATE

27. COUNTY

28. CITY, VILLAGE, OR TOWN

APPLICANT 2 (Bride/Spouse 2)

29. CURRENT NAME - First   Middle   Last   Suffix

30. BIRTH NAME - First   Middle   Last   Suffix

31. DATE OF BIRTH

32. BIRTHPLACE - COUNTRY

33. STATE

34. MOTHER'S BIRTH NAME – First, Middle, Last

35. FATHER'S BIRTH NAME – First, Middle, Last

36. Same Sex Parents?

37. RESIDENCE – COUNTRY/STATE

38. COUNTY

39. CITY, VILLAGE, OR TOWN

40. LICENSE NUMBER

41. ISSUED BY TRIBAL CLERK/DEPUTY

42. DATE ISSUED

43. ISSUING TRIBAL GOVERNMENT

44. APPLICATION TAKEN BY

45. FEE PAID

46. WAITING PERIOD WAIVED?

47. WAIVER FEE PAID

WARNING: Per Wis. Stat. §§ 765.08 and 765.20, persons intending to marry in the state must complete this form and obtain a valid license to marry before the marriage can take place. Any person falsely swearing to or affirming any parts of this application has violated Wis. Stat. § 765.30, and may be fined not more than $10,000 or imprisoned not more than 9 months, or both. The non-confidential portion of this form is an open record and may be reviewed by any member of the public. Reports of fraudulent information will be reported to local law enforcement. This office reserves the right to verify information provided by the applicants.

48. STATE OF WISCONSIN _____ Tribal Nation } SS

I, (Print Name) _____,
hereby swear or affirm that the applicant information provided above is correct to the best of my knowledge and belief and that I am free to marry under the laws of this state on the date of the intended marriage.

➢ _____
SIGNATURE – APPLICANT 1
Subscribed and sworn to or affirmed before me this _____ day of _____ in the year _____

➢ _____
SIGNATURE – TRIBAL CLERK or DEPUTY
_____ Tribal Nation, Wisconsin

49. STATE OF WISCONSIN _____ Tribal Nation } SS

I, (Print Name) _____,
hereby swear or affirm that the applicant information provided above is correct to the best of my knowledge and belief and that I am free to marry under the laws of this state on the date of the intended marriage.

➢ _____
SIGNATURE – APPLICANT 2
Subscribed and sworn to or affirmed before me this _____ day of _____ in the year _____

➢ _____
SIGNATURE – TRIBAL CLERK or DEPUTY
_____ Tribal Nation, Wisconsin

50. DATE OF MARRIAGE

51. COUNTY OF MARRIAGE & RESERVATION

52. CITY, VILLAGE, OR TOWN

53. CVT INDICATOR
☐ City ☐ Village ☐ Township

54. OFFICIANT NAME

55. OFFICIANT MAILING ADDRESS

56. PHONE NUMBER

57. OFFICIANT EMAIL

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Applicant 1 Name:

Applicant 2 Name:

CONFIDENTIAL INFORMATION [Wis. Stat. §§ 69.20(2) and 69.16.] Information collected below is confidential except as noted.

1. Social Security Numbers may only be released for Child Support Enforcement program purposes per Wis. Stat. § 69.20(3), and federal law 42 USC 66(a)(5). You MUST provide your Social Security Number if you have ever been assigned a number. If you have a Social Security Number but refuse to give it, the Tribal Clerk, cannot issue you a marriage license.
2. The street address entered below can be given to a law enforcement office who requests this information under provisions of Wis. Stat. §§ 765.09(3) and 765.20(2). The length of time the address is kept on file varies by county.
3. The contact information may be given to the Tribal Clerk or the State Vital Records Office, if necessary, to ensure the timely filing of an accurate and complete marriage certificate.

APPLICANT 1 (Groom/Spouse 1)

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN
- ☐ No, not Spanish/Hispanic/Latino(a)
- ☐ Yes, Mexican, Mexican American, Chicano(a)
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino(a) (e.g., Spaniard, Salvadoran, Dominican, Colombian) (specify):

RACE
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  Specify:
  Specify:
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Laotian
- ☐ Hmong
- ☐ Other Asian
  Specify:
  Specify:
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
  Specify:
  Specify:
- ☐ Other
  Specify:
  Specify:

EDUCATION Check the box that best describes the highest degree or level of school completed)
- ☐ 8th grade or less
- ☐ 9th – 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)

APPLICANT 2 (Bride/Spouse 2)

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN
- ☐ No, not Spanish/Hispanic/Latino(a)
- ☐ Yes, Mexican, Mexican American, Chicano(a)
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino(a) (e.g., Spaniard, Salvadoran, Dominican, Colombian) (specify):

RACE
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  Specify:
  Specify:
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Laotian
- ☐ Hmong
- ☐ Other Asian
  Specify:
  Specify:
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
  Specify:
  Specify:
- ☐ Other
  Specify:
  Specify:

EDUCATION Check the box that best describes the highest degree or level of school completed)
- ☐ 8th grade or less
- ☐ 9th – 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or professional degree (e.g.; MD, DDS, DVM, LLB, JD)

ISSUANCE METHOD	MAIL TO NAME	MAIL TO ADDRESS	
☐ Pick Up ☐ Mail to Officiant			
☐ Mail to Applicant Address	CITY	STATE	ZIP
☐ Other:			
	APPLICANT'S PHONE NUMBER	APPLICANT'S EMAIL	