Record of Issue of License to Marry

District of ______________ County of ______________

License Issued by ______________ Date of License ______________

Full Name of Male ______________ Age ______________ (2nd Marriage)

Color or Race ___________ Residence ______________

Birthplace of Male ______________ Length of Residence in Territory of Hawaii ______________

Full Name of Father ______________ Full Maiden Name of Mother ______________

Race ___________ Race ___________

Birthplace of Father ______________ Birthplace of Mother ______________

Full Name of Female ______________ Age ______________ (2nd Marriage)

Color or Race ___________ Residence ______________

Name of Husband if Previously Married ______________

Birthplace of Female ______________ Length of Residence in Territory of Hawaii ______________

Full Name of Father ______________ Full Maiden Name of Mother ______________

Race ___________ Race ___________

Birthplace of Father ______________ Birthplace of Mother ______________

Full Names of Witnesses to Ceremony ______________

Place of Marriage ______________

Ceremony to be Performed by ______________

This is to certify that I, _______________________, am the lawful __________________ of ________________________________, born at _______________________, on the _______________________; that my said ______________________ has my consent to marry _______________________.

____________________________

Dated _______________________

Copy sent to Registrar of Marriages this 6th day of ______________, 19__.

(Signed) ________________ ________________

Agent to Grant Marriage Licenses.

District of ______________ County of ______________

FORM 15.7-27.250 PADS ADV. 172616