

Please check off that you have the following requirements to obtain a marriage license in Trumbull County:

- One person must be a Trumbull Co. resident.
- Out of state residents who are getting married in Trumbull Co.
- Marriage is taking place in Ohio within 60 days
- Need a current photo ID (valid driver's license, state ID, or a passport)
- Birth Certificates are required for ALL applicants. If under 21, it must be a certified copy.
- You have an official certified divorce decree (if applicable)
- Death certificate of prior spouse (if applicable)
- Know Social Security number (card not required)
- \$44 License Fee (cash only)

*** If under 18 years old, please see clerk.***

Please provide a mailing address for after you are married so we can send you your final marriage document.

Please continue with the application on the reverse side. Thank you.

Trumbull County Probate Court
161 High Street, NW
Warren, Ohio 44481-1006
(330) 675-2521

Date: _____

Hours: 8:30 – 4:30, Monday-Friday (We do not close for lunch) Number 2024 _____
Judge James A. Fredericka

NOTE: MARRIAGE LICENSE IS VALID FOR ONLY 60 DAYS FROM THE DATE OF ISSUANCE

First Applicant	Second Applicant
Full Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Full Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>
SSN: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	SSN: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
D.O.B _____ Current Age: _____	D.O.B _____ Current Age: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
County: _____	County: _____
Phone Number: _____	Phone Number: _____
In Which State Were You Born: _____	In Which State Were You Born: _____
Occupation: _____	Occupation: _____
Parent – 1 Full Birth Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Parent – 1 Full Birth Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>
Parent – 2 Full Birth Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Parent – 2 Full Birth Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>
PAST MARRIAGES	
Number of times married: _____	Number of times married: _____
How did the last marriage end? Please Check only one box below: <input type="checkbox"/> Death – Date: <input type="checkbox"/> Divorce/Dissolution <input type="checkbox"/> Annulment	How did the last marriage end? Please Check only one box below: <input type="checkbox"/> Death – Date: <input type="checkbox"/> Divorce/Dissolution <input type="checkbox"/> Annulment
If by Divorce, answer questions A – D with information from your LATEST divorce: A. Where was the divorce granted? _____ State _____ County B. Divorce date and case number: _____ Date _____ Case Number C. Name of former spouse _____ First _____ Middle _____ Last D. Minor children NOW from last marriage: _____ _____	If by Divorce, answer questions A – D with information from your LATEST divorce: A. Where was the divorce granted? _____ State _____ County B. Divorce date and case number: _____ Date _____ Case Number C. Name of former spouse _____ First _____ Middle _____ Last D. Minor children NOW from last marriage: _____ _____
If prior spouse is deceased, death certificate exhibited: <input type="checkbox"/>	If prior spouse is deceased, death certificate exhibited: <input type="checkbox"/>
If a Divorce/Dissolution or Annulment, Decree exhibited: <input type="checkbox"/>	If a Divorce/Dissolution or Annulment, Decree exhibited: <input type="checkbox"/>