

**DANE COUNTY JAIL ONLINE
RESIDENT MARRIAGE FORM**

Date: _____

Resident Name: _____

Name Number: _____

Housing Location: _____

Name of Intended Spouse: _____

Age: _____ Birthdate: _____

Street Address: _____

City: _____ County: _____

State: _____

Zip code: _____ Phone Number: _____

Expected Wedding Date: _____

Officiant to Perform Ceremony: _____

Name: _____

Birthdate: _____

Telephone Number: _____

Religious Affiliation: _____

Witnesses Names (with Middle Initial) and Date of Birth (Need 2):

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____