

**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 -<br>Groom/Party A: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment      Date Marriage Ended (Mo., Day, Yr.) _____<br>Bride/Party B: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment      Date Marriage Ended (Mo., Day, Yr.) _____ |  |
| 17a. Is Groom/Party A of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 17b. Is Bride/Party B of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Race   |   |                          |
|--|---|--------------------------|
| 18a. Groom/Party A   | 18b. Bride/Party B                        |                          |
| Check one or more races to indicate what each person considers him/herself to be |   |                          |
| <input type="checkbox"/>   | White/Caucasian                           | <input type="checkbox"/> |
| <input type="checkbox"/>   | Black or African American                 | <input type="checkbox"/> |
| <input type="checkbox"/>   | American Indian or Alaska Native          | <input type="checkbox"/> |
| <input type="checkbox"/>   | Asian                                     | <input type="checkbox"/> |
| <input type="checkbox"/>   | Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |