



Virtual Marriage License Request Packet

INSTRUCTIONS:

1. Apply for Marriage License on www.leeclerk.org via our Marriage License Online Application.
2. Complete information for Applicant 1 and Applicant 2 below and complete all information on page 2.
3. Fill out "Statement of Compliance" but DO NOT date and sign the form. This must be signed in front of a clerk during the video conference.
4. If you have a minor child(ren) together that were born in Florida, fill out "Affirmation of Common Child(ren) Born in Florida", but DO NOT date and sign the form. This must be signed in front of a clerk during the video conference.
5. Email completed, unsigned Virtual Marriage License Request Packet and Pre-Marital Course Provider completion certificate (if applicable), to marriage@leeclerk.org with both applicants names in the subject line of the email.
6. A clerk will contact you via phone to verify your information, collect the marriage license fee and set up your video conference appointment.

APPLICANT 1:

Name: _____

Complete Address: _____

Phone Number: _____

Email Address: _____

APPLICANT 2:

Name: _____

Complete Address: _____

Phone Number: _____

Email Address: _____



QUESTIONNAIRE:

1. Do you each have access to a computer or phone with Zoom video and audio capabilities? Yes No
2. Do you have a credit/debit card to pay for the marriage license? Yes No
 - ❖ If no, your marriage license must be issued in our office.
3. Did you take a Premarital Preparation Course from one of our approved providers? Yes No
 - ❖ If yes, you must email the completion certificate with your packet to get credit for the course.

VIDEO CONFERENCE:

1. Give 3 dates and times that are convenient for both applicants to attend a Zoom video conference.
 - ❖ We only perform virtual services Monday-Friday.
 - ❖ Dates must be more than 5 business days from date packet is submitted (if needed sooner, couple must come to the office to have license issued).

Date: _____ at (pick one) 9:00AM 10:00AM 11:00AM 1:30PM 2:30PM 3:30PM

Date: _____ at (pick one) 9:00AM 10:00AM 11:00AM 1:30PM 2:30PM 3:30PM

Date: _____ at (pick one) 9:00AM 10:00AM 11:00AM 1:30PM 2:30PM 3:30PM

WEDDING CEREMONY:

****NOTE:** If one or both of you are a Florida resident, and you did not take the premarital course, there is a 3- day waiting period before you can use the marriage license to get married. The 3-day waiting period starts once the actual license is issued by the Clerk's office.

Our wedding ceremony is already scheduled with our officiant for (date within 60 days) _____ **

OR we would like to schedule an appointment with the Clerk's Office to marry us on _____ **

- ❖ Choose which ceremony appointment type you would like: Virtual In-Office



Marriage License Kiosk Transaction# _____

STATEMENT OF COMPLIANCE

NAME OF FIRST APPLICANT: _____

1. Yes No Are you a Florida Resident?
2. Yes No Have you completed a Premarital Preparation Course as specified in Chapter 741, Florida Statutes? (If YES, must submit completion certificate)
3. Yes No Have you accessed and read the information contained in the Family Law Handbook outlining the rights and responsibilities of parties to a marriage as specified in Section 741.0306, Florida Statutes? (If NO, must complete before applying for Marriage License)
4. Yes No Do you and Applicant 2 have a minor child together and that child was born in the State of Florida? (If YES, complete an Affirmation of Common Child(ren) Born in Florida form for each child)

NAME OF SECOND APPLICANT: _____

1. Yes No Are you a Florida Resident?
2. Yes No Have you completed a Premarital Preparation Course as specified in Chapter 741, Florida Statutes? (If YES, must submit completion certificate)
3. Yes No Have you accessed and read the information contained in the Family Law Handbook outlining the rights and responsibilities of parties to a marriage as specified in Section 741.0306, Florida Statutes? (If NO, must complete before applying for Marriage License)
4. Yes No Do you and Applicant 1 have a minor child together and that child was born in the State of Florida? (If YES, complete an Affirmation of Common Child(ren) Born in Florida form for each child)

What address will you reside at as a married couple?

Do not sign this form unless in the presence of a deputy clerk.

By our signatures we do hereby swear and affirm that the information contained on this form is true and correct and may be relied upon for the issuance of a marriage license.

Date

Date

First Applicant Signature

Second Applicant Signature



Marriage License Kiosk Transaction# _____

DECLARACIÓN DE CUMPLIMIENTO

NOMBRE DEL PRIMER SOLICITANTE: _____

1. Si No ¿Es usted un residente de Florida?
2. Si No ¿Ha completado un curso de preparación prematrimonial como se especifica en el Capítulo 741, Estatutos de Florida?
3. Si No ¿Ha accedido y leído la información contenida en el Manual de Derecho de Familia que describe los derechos y responsabilidades de las partes en un matrimonio como se especifica en la Sección 741.0306, Estatutos de Florida? (Si no, debe completar antes de solicitar la licencia de matrimonio)
4. Si No ¿Es usted padre de un hijo menor nacido en el estado de Florida con el solicitante 2? ? (En caso afirmativo, complete un formulario de Afirmación de niños comunes nacidos en Florida para cada niño)

NOMBRE DEL SEGUNDO DEMANDANTE: _____

1. Si No ¿Es usted un residente de Florida?
2. Si No ¿Ha completado un curso de preparación prematrimonial como se especifica en el Capítulo 741, Estatutos de Florida?
3. Si No ¿Ha accedido y leído la información contenida en el Manual de Derecho de Familia que describe los derechos y responsabilidades de las partes en un matrimonio como se especifica en la Sección 741.0306, Estatutos de Florida? (Si no, debe completar antes de solicitar la licencia de matrimonio)
4. Si No ¿Es usted padre de un hijo menor nacido en el estado de Florida con el solicitante 1? ? (En caso afirmativo, complete un formulario de Afirmación de niños comunes nacidos en Florida para cada niño)

¿En qué dirección residirán como una pareja casada?

No firme este formulario a menos que esté en presencia de un empleado de la corte.

Mediante nuestras firmas, juramos y afirmamos que la información contenida en este formulario es verdadera y correcta y se puede confiar en la emisión de una licencia de matrimonio.

Fecha

Fecha

Primer firma del solicitante

Segundo firma del solicitante



INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY – NOT TO BE RECORDED

STATE OF FLORIDA
Department of Health - Office of Vital Statistics
AFFIRMATION OF COMMON CHILD(REN) BORN IN FLORIDA
(TYPE OR PRINT INFORMATION)

Marriage Application Number: _____

SPOUSE'S NAME (First, Middle, Last): _____

SPOUSE'S MAIDEN SURNAME (If different): _____

Date of Birth (mm/dd/yyyy): _____ Birthplace (State/Country) _____

SPOUSE'S NAME (First, Middle, Last): _____

SPOUSE'S MAIDEN SURNAME (If different): _____

Date of Birth (mm/dd/yyyy): _____ Birthplace (State/Country) _____

In accordance with §741.01, Florida Statutes,
we hereby attest that we are the parents of the following minor child(ren) born in the State of Florida.

1. Name of child (As appears on Birth Certificate): _____

Date of birth (mm/dd/yyyy): _____ Birth Certificate number (if known): _____

Place of birth (City): _____ (County): _____ (State): Florida

2. Name of child (As appears on Birth Certificate): _____

Date of birth (mm/dd/yyyy): _____ Birth Certificate number (if known): _____

Place of birth (City): _____ (County): _____ (State): Florida

3. Name of child (As appears on Birth Certificate): _____

Date of birth (mm/dd/yyyy): _____ Birth Certificate number (if known): _____

Place of birth (City): _____ (County): _____ (State): Florida

Do NOT sign this form unless you are in the presence of a deputy clerk.

State of Florida

County of Lee

Personally Known OR Produced identification X

Type of Identification Produced _____

BY OUR SIGNATURES, we do hereby swear and affirm that all of the information contained herein is true and correct and may be relied upon for the issuance of a marriage license.

Spouse's signature _____

SWORN to and subscribed before me this _____

Signature of Deputy Clerk (or notary) _____

Print or Type Deputy Clerk's Name (or notary) _____



State of Florida

County of Lee

Personally Known OR Produced identification X

Type of Identification Produced _____

Spouse's signature _____

SWORN to and subscribed before me this _____

Signature of Deputy Clerk (or notary) _____

Print or Type Deputy Clerk's Name (or notary) _____





For the Couple:

- The Marriage License can ONLY be printed in BLACK and WHITE. (no color)
- Do NOT make a copy of the printed Marriage License
- Please return these instructions along with the completed original Marriage License.
- The License should be returned to the Clerk of the Court within **10** days after the marriage is solemnized. There is no official record of the marriage until after the document has been returned to the Clerk of the Court which issued the license.
- Please view Florida Statute Chapter 741 (www.flsenate.gov) for more information regarding marriage: This license is not valid for a marriage ceremony until after the LICENSE TO MARRY section has been completed and signed by a County Court Judge or the Clerk of the Court.
- The following may perform marriage ceremonies per Florida Statute 741.07:
 - A regularly ordained minister or other ordained clergy
 - Elders in communion with some church
 - All judicial officers (judges)
 - Notaries public of the State of Florida
 - In addition, the law provides that marriages may be performed among "Quakers" or "Friends," in the manner and form used or practiced in their societies.
- After the ceremony, please mail the marriage license to: **PO Box 2278, Attn. Marriage License Clerk, Fort Myers, Florida 33902**; enclose a self-addressed stamped envelope for a certified copy of your marriage license.

For the Officiant Performing Wedding Ceremony:

- The Certificate of Marriage section is to be completed by the person performing the ceremony using only Black Ink.
- If you are submitting license to Clerk of Court, send original document. Do NOT send a copy of the document.
- Please be sure to complete:
 - Line 21-Date of Marriage
 - Line 22- City/Town of Marriage
 - Line 23a-Signature of person performing the ceremony
 - Line 23b-Printed name of person performing the ceremony
 - Line 23c-Complete address of person performing the ceremony
 - Line 24- Signature of witness (if any)
 - Line 25- Signature of witness (if any)

Officiant's Printed Name

Officiant's Telephone Number

Please Check the Proper Title:

☐ Bishop ☐ Elder ☐ Imam ☐ Judge ☐ Minister ☐ Notary ☐ Pastor ☐ Priest ☐ Rabbi ☐ Reverend

☐

Other: Specify-