

**CLERK OF SUPERIOR COURT  
MOHAVE COUNTY COURTHOUSE  
POST OFFICE BOX 7000  
KINGMAN, ARIZONA 86402**

Virlynn Tinnell  
Clerk

Phone (928) 753-0713  
Fax (928) 753-0781

**MARRIAGE LICENSE BY MAIL APPLICATION FORM**

A copy of a valid driver's license for both parties must be included with this application.

Please print: Information must be clear and accurate as it will appear on your marriage license,

**PARTY ONE:** (All information must be provided per A.R.S. §25-121)

Legal Name: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Age Date of Birth

**PARTY TWO:** (All information must be provided per A.R.S. §25-121)

Legal Name: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Age Date of Birth

Please provide the information below in the event the court may need to contact you regarding your marriage license process:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**WILL NOT BE MAILED OUTSIDE THE UNITED STATES**

**PLEASE INITIAL BY SOCIAL SECURITY NUMBER.**

Party One's Social Security Number is: \_\_\_\_\_ Initial Here: \_\_\_\_\_

Party Two's Social Security Number is: \_\_\_\_\_ Initial Here: \_\_\_\_\_