

State of Nebraska - Department of Health and Human Services Finance and Support - VITAL RECORDS
MARRIAGE WORKSHEET

1. GROOM - 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 - 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		15b. SOCIAL SECURITY NUMBER - Bride																					
16. If previously married, last marriage ended either by - Groom: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Date Marriage Ended (Mo., Day, Yr.) _____ Bride: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment Date Marriage Ended (Mo., Day, Yr.) _____																							
17a. Is Husband of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		17b. Is Bride of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
<table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">18a. Husband</td> <td style="width: 34%; text-align: center; vertical-align: top;">Race</td> <td style="width: 33%; vertical-align: top; text-align: right;">18b. Wife</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> Check one or more races to indicate what each person considers him/herself to be </td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: top;">White/Caucasian</td> <td style="text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: top;">Black or African American</td> <td style="text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: top;">American Indian or Alaska Native</td> <td style="text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: top;">Asian</td> <td style="text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: top;">Native Hawaiian or Other Pacific Islander</td> <td style="text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> </table>			18a. Husband	Race	18b. Wife	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"/>
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