



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Tribal Court • Andrew P. Hope Building
320 W Willoughby Avenue, Suite 300 • Juneau, Alaska 99801

MARRIAGE LICENSE APPLICATION

The information provided on the Marriage License Application by the couple applying to be married will be used to prepare the Marriage Certificate. Please print clearly with blue or black ink. Corrections to the Marriage Certificate after it has been issued may require a fee.

Party A	Party B
Current Name (First, Middle, Last)	Current Name (First, Middle, Last)
Social Security Number*	Social Security Number*

INSTRUCTIONS

1. The marriage license application must be completed and submitted to the Clerk of the Tribal Court. Both parties must complete their section of the application.
2. Either Party may begin the application process. Once the application is received there is a 3-day waiting period before the marriage license can be issued.
3. Both Parties must present picture identification issued by a State or Tribal governmental agency. The identification must contain the person's name, picture and date of birth.
4. Both Parties must be sworn in and sign the application in the presence of a Clerk of Court, Judge, or Magistrate. If the one or both of the parties are not able to appear in person to sign the license, they may use a State or Tribal governmental official, such as a Court Clerk, Judge, Magistrate, Tribal President or City/Borough Mayor to administer the oath and witness their signatures.
5. Both Parties must be at least 18 years of age for a marriage license to be issued. If one or both of the Parties have not reached the age of 18 they must provide verifiable and written consent from their parent(s) or legal guardian(s).
6. If either Party has previously been married, the number of previous marriages and the dates the marriage(s) ended must be stated in the application.
7. The license fee is \$50. This fee does not include the cost of a certified copy of the marriage certificate that is issued after the marriage is solemnized.
8. Request for an official marriage certificate, at a cost of \$10, can be filed with the Clerk of Court by mail or in person at 320 West Willoughby Ave, Suite 300, Juneau, 99801.
9. Please note: Once a marriage license has been issued, it will remain valid for one year from the date the license was issued.

* Disclosure of your Social Security Number may be used for child support purposes.

MARRIAGE LICENSE APPLICATION

Party A Check one <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse	Party B Check one <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse
Current Name (First, Middle, Last)	Current Name (First, Middle, Last)
Last Name as listed on your Birth Certificate	Last Name as listed on your Birth Certificate
Street Address or PO Box	Street Address or PO Box
Town/State/Zip code	Town/State/Zip code
Telephone Number (area code + number)	Telephone Number (area code + number)
Date of Birth	Date of Birth
Place of Birth (City, State, and/or Country)	Place of Birth (City, State, and/or Country)
Tribe/Clan/Moiety	Tribe/Clan/Moiety

Is there any blood relationship between you and the other Party? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any blood relationship between you and the other Party? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any clan or moiety relationship between you and the other Party? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any clan or moiety relationship between you and the other Party? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any legal reason why this marriage should not be solemnized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any legal reason why this marriage should not be solemnized? <input type="checkbox"/> Yes <input type="checkbox"/> No

* CCHITA Tribal Law prohibits marriages between two people more closely related than first cousins or of the same Tribe and moiety. (See Title 5 at 05.01.0050)

I do solemnly swear that the information given above is true and correct to the best of my knowledge and belief. _____ Important: Do not sign until you are sworn in.	I do solemnly swear that the information given above is true and correct to the best of my knowledge and belief. _____ Important: Do not sign until you are sworn in.
--	--

Subscribed and sworn to before me on: _____, 20____ _____ Signature, Title and seal	Subscribed and sworn to before me on: _____, 20____ _____ Signature, Title and seal
---	---

Consent given (necessary if under age 18): <input type="checkbox"/> Yes, attached	Consent given (necessary if under age 18): <input type="checkbox"/> Yes, attached
Number of previous marriages: _____ If previously married, last marriage ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment	Number of previous marriages: _____ If previously married, last marriage ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment

PREVIOUS MARRIAGES

PARTY A

PARTY B

First Previous Marriage

Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this place:	Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this place:
--	--

Second Previous Marriage

Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this place:	Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this place:
--	--

Third Previous Marriage

Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this place:	Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this place:
--	--

Fourth Previous Marriage

Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this place:	Date: Place: Spouse's Name: Marriage Terminated By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment On this date: At this place:
--	--

For Office Use Only	
Date Application Received:	_____
Date Application Approved/Denied:	_____
If denied, reason:	_____
Marriage License Number:	_____