DEPARTMENT OF HEALTH AND HUMAN SERVICES -- PUBLIC HEALTH SERVICE -- NATIONAL CENTER FOR HEALTH STATISTICS -- 1989 REVISION

TYPE/PRINT IN PERMANENT	VIRGIN ISLANDS OF THE UNITED STATES LICENSE AND CERTIFICATE OF MARRIAGE											
BLACK INK FOR	-	LICENSE NUMBER STATE FILE NUMBER										
INSTRUCTIONS SEE	1. GROOM'S NAME IFIIST,	OOM'S NAME (First, Middle, Last) 2. AGE LAST BI										
HANDBOOK	3a. RESIDENCE - CITY, TO	3a. RESIDENCE - CITY, TOWN, OR LOCATION					3b. COUNTY OR ISLAND					
GROOM	3c. STATE			4a BIRTHPLACE (State or Foreign Country)				4b DATE OF BIRTH (Month, Day, Year)			5. SOC, SEC NO.	
	Ga. FATHER'S NAME (First, Middle, Last)		6b. BIRTHPLACE (State or Foreign Country)			7a. MOTHER'S NAN Maiden Surname				7b. BIRTHPLACE (State or Foreign Country)		
	Ba. BRIDE'S NAME (First, Middle, Last)			Sb. MAI			AIDEN SURNAME (If different)			9. AGE LAST BIRTHDAY		
	10a. RESIDENCE-CITY, TOWN, OR LOCATION						106. COUNTY OR ISLAND					
BRIDE	10c. STATE		11a. BIRTHPLACE (State or Foreign Country			ntry) 11b.	DATE OF	BIRTH (Month, De	y, Year)	12. SOC. SEC. NO.		
	13a. FATHER'S NAME (First, Middle, Last)		13b. BIRTHPLACE (State or Foreign Country)				a. MOTHER'S NAME (First, Middle, Maiden Sumame)			14b. BIRTHPLACE (State or Foreign Country)		
SIGNATURES	WE HEREBY			MATION PROVIDE ARE FREE TO MA			AWS OF	THIS STATE		E AND BEI	LIEF	
LICENSE TO MARRY	This License Authorizes the Marriage in The Person Duly Authorized to Perform a Marriage State of 18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year)			nis State of the Parties Named Above By An iage Ceremony Under the Laws of the 19. SIGNATURE OF ISSUING OFFICIAL				17. EXPIRATION DATE (Month, Day, Year) 20. TITLE OF ISSUING OFFICIAL				
	21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year)		22a. WHERE MARRIED-CITY, TOWN, OR LOC			N, OR LOCATIO	LOCATION 22b. IS		SLAND			
	234. SIGNATURE OF PERSON PERFORMING CEREMON		23b. NA			AME (Type/Prin	ME (Type/Print)		23c. TITLE			
CEREMONY	23d. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	24a. SIGNATURE OF WITNESS TO CEREMONY					24b. SIGN	24b. SIGNATURE OF WITNESS TO CEREMONY					
LOCAL OFFICIAL	25. SIGNATURE OF COURT REGISTRATION OFFICIAL 26. DATE FILED BY COURT (Month, Day, Year)								17)			
	CONFIDE	NTIAL INFORMATION.	THE IN	FORMATION BEL	ow wi	LL NOT APP	EAR ON	CERTIFIED C	OPIES OF T	THE RECOF	RD.	
	27. NUMBER OF THIS MARRIAGE		SLY MARRIED, LAST MARRIAGE ENDED				in Indian, Black,	30. EDUCATION (Specify only highest grade completed				
	First, Second, etc. (Specify below)	By Death, Divorce, Dissolution of Annulment (Specify below)		Date (Month, Day, Year)		White	e, etc. (Specify below)		Elementary, (0-	/Secondary 12)	College (1-4 or 5 -	
GROOM	27s.	7a. 28a.		28b.		29a.			30a.			
	27b.	28c.		28d.		29b.			30b.		1	