



SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN JOAQUIN

Underage Marriage or Domestic Partnership Applicant Information

MINOR			INTENDED SPOUSE/PARTNER		
First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
Street Address (include Apt. #)			Street Address (include Apt. #)		
City	State	Zip Code	City	State	Zip Code
Date of Birth (Month, Day, Year)			Date of Birth (Month, Day, Year)		
Daytime Telephone ()			Daytime Telephone ()		

PARENT/GUARDIAN #1 (Of minor requesting to marry)			PARENT/GUARDIAN #1 (If intended spouse/partner is a minor)		
First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
Street Address (include Apt. #)			Street Address (include Apt. #)		
City	State	Zip Code	City	State	Zip Code
Date of Birth (Month, Day, Year)			Date of Birth (Month, Day, Year)		
Occupation			Occupation		
Daytime Telephone ()			Daytime Telephone ()		

PARENT/GUARDIAN #2 (Of minor requesting to marry)			PARENT/GUARDIAN #2 (If intended spouse/partner is a minor)		
First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
Street Address (include Apt. #)			Street Address (include Apt. #)		
City	State	Zip Code	City	State	Zip Code
Date of Birth (Month, Day, Year)			Date of Birth (Month, Day, Year)		
Occupation			Occupation		
Daytime Telephone ()			Daytime Telephone ()		

MINOR	INTENDED SPOUSE/PARTNER
If you are a minor, who has custody/guardianship of you? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other	If you are a minor, who has custody/guardianship of you? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other
Prior Juvenile Dependency Matter Have you ever been involved with the Juvenile Dependency Court or Child Protective Services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of Social Worker _____ County _____ Telephone Number _____ ()	Prior Juvenile Dependency Matter Have you ever been involved with the Juvenile Dependency Court or Child Protective Services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of Social Worker _____ County _____ Telephone Number _____ ()
School Name of School _____ Street Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ ()	School Name of School _____ Street Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ ()
If Not Attending School Grade Completed _____ Year Left School _____ Reason for Leaving _____	If Not Attending School Grade Completed _____ Year Left School _____ Reason for Leaving _____
Present Employment/Occupation Employer Name _____ Street Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ () Date of Employment _____ Earnings _____	Present Employment/Occupation Employer Name _____ Street Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ () Date of Employment _____ Earnings _____

MINOR	INTENDED SPOUSE/PARTNER
Savings <i>Other Assets</i> <hr/> <i>Assistance from Family</i>	Savings <i>Other Assets</i> <hr/> <i>Assistance from Family</i>

Pregnancy <i>Are you pregnant? Yes [] No []</i> <i>If yes, when is your due date: _____</i>	Pregnancy <i>Are you pregnant? Yes [] No []</i> <i>If yes, when is your due date: _____</i>
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Medication <i>Are you taking any medication? Yes [] No []</i> <i>If yes, please explain (name of medication and what it is prescribed for):</i> <hr/> <hr/> <hr/>	Medication <i>Are you taking any medication? Yes [] No []</i> <i>If yes, please explain (name of medication and what it is prescribed for):</i> <hr/> <hr/> <hr/>
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[] Check this box if additional pages are attached. Number of pages attached _____.