

OGLETHORPE COUNTY PROBATE COURT
111 W. Main Street, Lexington, GA 30648

MARRIAGE FORM PRINT CLEARLY	GROOM	BRIDE
FULL NAME		
ADDRESS Street/PO Box		
City, State, Zip		
County of Residence		
PHONE NUMBER		
DOB and RACE	____/____/____	____/____/____
PLACE OF BIRTH (county, city and state)		
ANY BLOOD RELATION		
SURNAME		
SOCIAL SECURITY NUMBER (Optional)	____-____-____	____-____-____
NUMBER OF PREVIOUS MARRIAGES		
Dissolved in what manner?		
Date of Final Decree?	____/____/____	____/____/____
County & State Granted?		
Date of Death?	____/____/____	____/____/____
FATHER'S FULL NAME		
FATHER'S PLACE OF BIRTH		
MOTHER'S FULL MAIDEN NAME		
MOTHER'S PLACE OF BIRTH		
FATHER'S PRESENT RESIDENCE (city & state only)		
MOTHER'S PRESENT RESIDENCE (city & state only)		
DATE OF MARRIAGE	____/____/____	
COUNTY WHERE CEREMONY WILL TAKE PLACE		

Both Groom and Bride must come to the office together with ID and Final Divorce Decree or Death Certificate, if applicable.
Office hours for issuing a marriage license is Monday through Friday 7:30 a.m. until 4:30 p.m.