



In the Superior Court of the State of California
In and for the County of Kings
 1426 South Drive
 Hanford, CA 93230

(local form)

For Court Use Only

**APPLICATION FOR JUDICIAL
 CONSENT TO MARRY**

Case Number: _____

Answer all questions completely and accurately. Application may be typed or legibly printed in blue or black ink.

PERSONAL INFORMATION ON APPLICANT:

Name of applicant:

 (first) (middle) (last)

Address of applicant:

 (street) (city) (state) (zip code)

Home telephone number: ()	Work telephone number: () ext.	Message number: ()
Date of birth: / /	Age:	Place of birth (city & state):
		Social security number: - -

INFORMATION ON PARENTS/LEGAL GUARDIANS:

Name of father:

 (first) (middle) (last)

Telephone number:
 ()

Address of father (if different from yours):

 (street) (city) (state) (zip code)

Name of mother:

 (first) (middle) (last)

Telephone number:
 ()

Address of mother (if different from yours):

 (street) (city) (state) (zip code)

Name of legal guardian:		Telephone number:	
(first)	(middle)	(last)	()
Address of legal guardian (if different from yours):			
(street)	(city)	(state)	(zip code)
EDUCATION :			
Name and place of school you are presently attending:			
Date last attended:		Present or highest grade completed:	
/	/		
WORK / OCCUPATION :			
Present occupation job title:		Type of work performed:	
Employed by (name of firm):		Date employment began:	
		/ /	
Address of employer:			
(street)	(city)	(state)	(zip code)
Name of Supervisor/Manager:		Telephone number:	
		()	
Gross (monthly) salary:		Net (monthly) take home:	
\$		\$	
QUESTIONS :			
Are your parents/legal guardians freely giving their consent to your marriage?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Is there a pregnancy involved?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, has a doctor verified this pregnancy?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, a written verification by a qualified physician shall be completed and attached, with the anticipated due date of that fact)			
Do your parents/legal guardians know of this situation?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you attended Premarital Counseling?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, a completed <u>Declaration of Premarital Counseling</u> form must be attached)			
If yes, who have you seen for counseling? (specify name)		Telephone number:	
		()	

Dated on: ____/____/____

➤ _____
(Signature of applicant)