



In the Superior Court of the State of California
In and for the County of Kings
1640 Kings County 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?

No Yes

Is there a pregnancy involved?

No Yes

If yes, has a doctor verified this pregnancy?

No 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?

No Yes

Have you attended Premarital Counseling?

No Yes (If yes, a completed Declaration of Premarital Counseling form must be attached)

If yes, who have you seen for counseling? (specify name)	Telephone number: ()
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Dated on: ____ / ____ / ____ ➤ _____