

Kimberly J. Griffin  
Register of Deeds

# Register of Deeds

MARTIN COUNTY  
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Lois C. Beck  
Asst. Register of Deeds

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## Marriage License Requirements

Marriage Licenses can be purchased Monday-Friday 8:30 - 4:30 PM

As of October 1, 2001, you may purchase your marriage license in one county and get married in another county in North Carolina.

As of October 1, 2018, you must provide a copy of your Divorce Decree if you were previously married and that marriage ended in divorce.

### APPLYING FOR A MARRIAGE LICENSE IN MARTIN COUNTY:

Both parties must be present & will need the following:

#### 1. PROOF OF YOUR AGE

We, in Martin County Register of Deeds office will accept a certified copy of your birth certificate or a N.C. Driver's license, permit or ID. No out of state driver's license or ID is accepted.

#### 2. PROOF OF YOUR SOCIAL SECURITY NUMBER

You will need to show us your social security card, W-2, check stub or something that is computer generated with your FULL social security number on it. We will not accept any record that shows only the last 4 digits. It will have to show the full number.

**COST OF LICENSE** \$60- Once you purchase your license, you have 60 days to get married.

**NO WAITING PERIOD** You can get married the same day you purchase your license.

**MARRIAGE WORKSHEET**– This is an exact copy of the questions that appear on your marriage license. If you have this filled out prior to visiting our office, it will save you time.

## Marriage License Instructions

Officiant and witnesses are to sign both copies, completing with full addresses.

Both copies should be returned to the Office of Register of Deeds in the county where the license was purchased (Within 10 days of ceremony).

Once both copies are returned, couple may receive certified copy.

Certified copies are \$10 each.

# WORK SHEET FOR PREPARATION OF MARRIAGE LICENSE FORM

LICENSE NUMBER \_\_\_\_\_

COUNTY \_\_\_\_\_

**APPLICANT  
1**

1a. NAME FIRST MIDDLE LAST			1b. LAST NAME PRIOR TO FIRST MARRIAGE (IF APPLIES)		
1c. GENDER (Optional)	2a. RESIDENCE-STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION		2d. INSIDE CITY LIMITS (Specify Yes or No)
2e. STREET AND NUMBER		3. BIRTHPLACE (COUNTY & STATE)		4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE
5a. PARENT'S NAME AT PARENT'S BIRTH		5b. STATE OF BIRTH	5c. ADDRESS (If Living)		
6a. PARENT'S NAME AT PARENT'S BIRTH		6b. STATE OF BIRTH	6c. ADDRESS (If Living)		
7. RACE (Optional)	8. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED		10. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED	
9a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		9b. DATE MONTH YEAR	ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)

**APPLICANT  
2**

11a. NAME FIRST MIDDLE LAST			11b. LAST NAME PRIOR TO FIRST MARRIAGE (IF APPLIES)		
11c. GENDER (Optional)	12a. RESIDENCE-STATE	12b. COUNTY	12c. CITY, TOWN, OR LOCATION		12d. INSIDE CITY LIMITS (Specify Yes or No)
12e. STREET AND NUMBER		13. BIRTHPLACE (COUNTY & STATE)		14a. DATE OF BIRTH (Month, Day, Year)	14b. AGE
15a. PARENT'S NAME AT PARENT'S BIRTH		15b. STATE OF BIRTH	15c. ADDRESS (If Living)		
16a. PARENT'S NAME AT PARENT'S BIRTH		16b. STATE OF BIRTH	16c. ADDRESS (If Living)		
17. RACE (Optional)	18. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED		20. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED	
19a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		19b. DATE MONTH YEAR	ELEMENTARY (0,1,2,3,4, ... or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)

DHHS 1607 (Revised 11/2016)  
N.C. Vital Records

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

<u>RACE (Optional)</u>	<u>ABBREVIATIONS</u>
White	Wht
Black	Blk
African-American	AfrAm
American Indian	Amlnd
Alaska Native	AlaNat
Asian Indian	Aslnd
Chinese	Chin
Filipino	Fili
Japanese	Japa
Korean	Kore
Vietnamese	Viet
Other Asian	OAsi

<u>RACE (Optional)</u>	<u>ABBREVIATIONS</u>
Native Hawaiian	NatHaw
Guamarian	Guam
Chamorro	Cham
Samoan	Samo
Other Pacific Islander	OPacls
Mexican	Mexi
Mexican-American	MexAm
Chicano	Chica
Puerto Rican	PueRi
Cuban	Cuba
Other Spanish/Hispanic/Latino	OSpHiLa
Other	Oth

### FOR OFFICE USE ONLY

APPLICANT 1

NC Drivers License # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_

APPLICANT 2

NC Drivers License # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_