

MINOR

Middle Initial

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN JOAQUIN

Underage Marriage or Domestic Partnership Applicant Information

INTENDED SPOUSE/PARTNER

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 (includ	le Apt. #)		Street Address (inc	clude 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 (includ	le Apt. #)		Street Address (inc	clude 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	9	_

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

INTENDED SPOUSE/PARTNER
Savings Other Assets
Assistance from Family
Busanasa
Pregnancy Are you pregnant? Yes [] No []
If yes, when is your due date:
Medication Are you taking any medication? Yes [] No [] If yes, please explain (name of medication and what it is prescribed for):
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