

Instructions for Obtaining a Marriage License online

1. Fill out application on our website at Sabine County Clerks Office, DO NOT SIGN APPLICATION!!
2. We will need copies of BOTH parties Driver's License please attach to the application.
3. You can Email the paperwork to us at countyclerk@sabine.tx.us or fax it to 409-220-8353.
4. We will call when your license is ready to be picked up.
5. When you pick up your license you will sign the application and pay.

Marriage License fee for state of Texas residents is \$82.00

Marriage License fee for out of State residents is \$182.00

If one part is out of state and one lives in the State of Texas it will be \$82.00



APPLICATION FOR MARRIAGE LICENSE, _____ COUNTY, TEXAS

The form and content of this application is prescribed by section 2.004 of the Texas Family Code. WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Form for Applicant One with fields: First Name, Middle Name, Current Last Name, Suffix, Woman's Maiden Name (If Applicable), Telephone Number, Street Address, City, State, Zip, Date of Birth, Place of Birth (including city, county and state), Social Security Number.

I have not been divorced within the last 30 days. TRUE FALSE

I am not presently married. TRUE FALSE

I am not presently delinquent in the payment of court ordered child support.

TRUE FALSE

The other applicant is not presently married TRUE FALSE

I am not related to the other applicant as: TRUE FALSE

- an ancestor or descendant, by blood or adoption;
• a brother or sister, of the whole or half blood or by adoption;
• a parent's brother or sister, of the whole or half blood or by adoption;
• a son or daughter of a brother or sister, of the whole or half blood or by adoption;
• a current or former stepchild or stepparent; or
• a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

I solemnly swear (or affirm) that the information I have given in this application is correct _____

Applicant's Signature and Date Signed

Form for Applicant Two with fields: First Name, Middle Name, Current Last Name, Suffix, Woman's Maiden Name (If Applicable), Telephone Number, Street Address, City, State, Zip, Date of Birth, Place of Birth (including city, county and state), Social Security Number.

I have not been divorced within the last 30 days. TRUE FALSE

I am not presently married. TRUE FALSE

I am not presently delinquent in the payment of court ordered child support.

TRUE FALSE

The other applicant is not presently married TRUE FALSE

I am not related to the other applicant as: TRUE FALSE

- an ancestor or descendant, by blood or adoption;
• a brother or sister, of the whole or half blood or by adoption;
• a parent's brother or sister, of the whole or half blood or by adoption;
• a son or daughter of a brother or sister, of the whole or half blood or by adoption;
• a current or former stepchild or stepparent; or
• a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption;

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services [Texas Family Code 2.004(13)].

I solemnly swear (or affirm) that the information I have given in this application is correct _____

Applicant's Signature and Date Signed

Mail Executed License To (Street/P.O. Box, City, State, Zip) _____

For County Clerk Office Use Only

Subscribed and sworn to before me, or I certified that the applicant did not appear personally but the prerequisites for the license have been fulfilled by §2.007 of the Texas Family Code on _____, 20____ at _____ am/pm

_____ County Clerk _____ County, Texas. Ceremony Performed By _____

By _____ Deputy Date of Marriage _____ County/Place of Marriage _____

Applicant One Identification Type (ID & Age) _____ License Number _____

Applicant Two Identification Type (ID & Age) _____ Volume _____ Page _____