

# ONE-DAY COMMISSIONER

**Name of Applicant:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Name of first person:** \_\_\_\_\_

**Name of second person:** \_\_\_\_\_

**Relationship to Couple:** \_\_\_\_\_

**Date of Ceremony:** \_\_\_\_\_

**City where ceremony will take place:** \_\_\_\_\_

**County issuing license:** \_\_\_\_\_

**Applicant's Identification:** \_\_\_\_\_