

Rachel M. Sadoff
CLERK OF THE CIRCUIT COURT & COMPTROLLER
EIGHTEENTH JUDICIAL CIRCUIT
BREVARD COUNTY, FLORIDA

OFFICIAL RECORDS
700 SOUTH PARK AVENUE BUILDING B (32780)
POST OFFICE BOX 2767
TITUSVILLE, FLORIDA 32781-2767



DEPARTMENT (321) 637-2006
FAX (321) 264-5246
WWW.BREVARDCLERK.US

REQUEST FOR MARRIAGE LICENSE INFORMATION

You have requested to apply for a marriage license by mail or email. This office strives to meet all of our customers' needs in a timely manner. *Postal mailing times cannot be guaranteed by this office.* Please allow sufficient time for processing. Florida residents **must** visit their local Clerk's Office to apply for a marriage license. **(Due to COVID-19, this requirement is being temporarily suspended).**

The following document included in your request is:

- Marriage License Information

You must fill out the document completely along with reviewing the [Family Law Handbook](#), as pursuant to Section 741.04 (4)(b), Florida Statutes.

Upon receipt of the form, which you will submit by mail, fax or email, we will send to you all applicable documents needed for our office to complete your request, either by email or standard mail. *You will receive these documents no earlier than sixty (60) days from your expected wedding date.*

- Mailing Address: Clerk of Circuit Court
Attn: Marriage License
P.O. Box 2767
Titusville, FL 32781
- Fax: (321)264-5246
- Email: mailawaymarriagelicense@brevardclerk.us

If you have any further questions, please contact our office via the email address provided above or by phone, (321) 637-2006.

Mailing Address:

Rachel M. Sadoff, Clerk of Circuit Court
Attn: Marriage License
P. O. Box 2767
Titusville, FL 32781-2767

Physical Address:

Rachel M. Sadoff, Clerk of Circuit Court
Attn: Marriage License
700 S. Park Ave., Bldg. B
Titusville, FL 32780



Marriage License Information Sheet

Please Print Legibly

<i>Spouse's Information</i>			
Full Legal Name (First, Middle, Last)			Maiden Surname (if different)
Date of Birth (MM/DD/YYYY)	Birthplace (State or Foreign Country)	Email Address	Daytime Phone Number (including Area Code) ()
Current Address			
City	County	State	Zip Code
Social Security Number (Non-U.S. citizens provide passport number/country)		Race (White, African American, Hispanic, Asian, Native American, Indian, Pacific Islander, Other)	
Number of This Marriage	Last Marriage Ended In <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Date Last Marriage Ended (MM/DD/YYYY)	
<i>Spouse's Information</i>			
Full Legal Name (First, Middle, Last)			Maiden Surname (if different)
Date of Birth (MM/DD/YYYY)	Birthplace (State or Foreign Country)	Email Address	Daytime Phone Number (including Area Code) ()
Current Address			
City	County	State	Zip Code
Social Security Number (Non-U.S. citizens provide passport number/country)		Race (White, African American, Hispanic, Asian, Native American, Indian, Pacific Islander, Other)	
Number of This Marriage	Last Marriage Ended In <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Date Last Marriage Ended (MM/DD/YYYY)	
Do the applicants have minor children TOGETHER and BORN in the State of Florida?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Expected Wedding Date	Mail Back Address After Ceremony (if different than above)		

*Social Security numbers are requested for identification purposes only, as pursuant to § 119.071 F.S.