



**Magistrate Court of Rockdale County
State of Georgia**

WEDDING REQUEST FORM

(Weddings require an appointment. You must contact the Magistrate Court for available dates and times, at (770) 278-7800 or magct@rockdalecounty.org.)

REQUESTED APPOINTMENT DATE: / / TIME: : .m.

INFORMATION ABOUT WEDDING COUPLE * Information must be provided.

FIRST SPOUSE'S INFORMATION Age: _____ Rockdale Resident? Yes _____ or No _____	*Complete Name: _____
	*Complete Home Address: _____
	*Cell Phone No. () _____
	*Email Address: _____
SECOND SPOUSE'S INFORMATION Age: _____ Rockdale Resident? Yes _____ or No _____	*Complete Name: _____
	*Complete Home Address: _____
	*Cell Phone No. () _____
	*Email Address: _____

COUNTY ISSUING THE MARRIAGE LICENSE: _____
 (On the wedding date, You must bring the original marriage license issued by a Georgia Probate Court.)

WEDDING VOWS SELECTION (Check One): OPTION 1 _____ OR OPTION 2 _____
 (You may view the wedding vow selections on the Court's webpage or at the Clerk's Office)

EXCHANGING RINGS (Check One): YES _____ NO _____ NOT SURE _____

SPECIAL NOTES:

FOR OFFICIAL COURT USE ONLY:

Appointment Approved by: _____ Date: _____ Calendared by: _____

Confirmed by (Check all that apply): in person _____ email _____ phone _____