APPLICATION FOR MARRIAGE LICENSE

Case No. _____

We _____ of _____

And _____ of _____

do hereby apply for and request that a marriage license be granted us to enter into marriage in **[[Case Location]],** Virgin Islands, and we do further respectfully represent that the following statements are true and correct,

	Spouse 1 Age: _____	Spouse 2 Age: _____
Full Name:		
SS No:		
Date of Birth:		
Place of Birth:		
Nationality:		
Usual Residence:		
Marital Status:		
Related to Applicant:		
In What Degree:		
Parents/Guardians		
Father's Name:		
Mother's Current Name:		
Mother's Maiden Name:		
Place of Birth: Father: (State)		
(Country)		
Place of Birth: Mother: (State)		
(Country)		
Phone Number:		

We hereby certify that the information provided is correct to the best of our knowledge and believe that we are free to marry pursuant to the laws of this state

Signature: _____ _____

☐ Please check this box if you are requesting exemption to the eight-day posting requirement explained in the attached marriage information fact sheet.

We are requesting exemption because of the following special circumstances

_____

_____

The court, having reviewed this application for marriage license, determines that special circumstances exist to issue a license without the posting required by Title 16 Section 37 of the Virgin Islands Code

_____

Judge

Subscribed and Sworn to by each of the parties _____ day of _____
License issued this _____ day of _____.
Filed this _____of _____

By: _____
Court Clerk

*****Marriage Application Fee of $100.00 is Non-Refundable*****

SUPERIOR COURT OF THE VIRGIN ISLANDS

Tamara Charles
Clerk of the Court

OFFICE OF THE CLERK

☐ **Alexander A. Farrelly Justice Center**
Post Office Box 70
St. Thomas, USVI 00804
(340) 774-6680

☐ **R.H. Amphlett Leader Justice Complex**
Post Office Box 929
Christiansted, USVI 00821
(340- 778-9750

Marriage Application Cover Sheet

We are applying to be married in the U.S. Virgin Islands. Our wedding date is scheduled for _____. We are planning to be married at _____ (Church/Hotel) on (St. Croix/St. Thomas/St. John) by a minister of the _____ (Church denomination). We will be arriving on island on _____ with a scheduled departure of _____.

Pursuant to Title 16 VIC 37 – Before any marriage license is issued, the application for such license shall be posted for public examination in the office of the clerk of the court for 8 days.

Please enclose the required documents for obtaining a marriage license issued by the Superior Court of the Virgin Islands (**PLEASE SELECT**) ☐**Valid Driver's License** ☐**Valid Passport** ☐**Birth Certificate** ☐**Certified Copy of Divorce Decree** ☐**Certified Copy of Death Certificate**

In Court Fees - **$100.00 Application fee (non-refundable); $100.00 License fee (non-refundable once issued); $400.00 ceremony fee (non-refundable)**

Out of Court Fees - **$100.00 Application fee (non-refundable); $100.00 License fee (non-refundable once issued)**

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

NUMBER OF THIS MARRIAGE 1ST, 2ND, etc. (Specify Below)	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		RACE American Indian, Black, White etc. (Specify Below)	Education Specify only highest grade completed	
	By Death, Divorce, Dissolution or Annulment (Specify Below)	Date (Month, Day, Year)		Elementary/Secondary (0-12)	College (1-4 or 5 +)

	Spouse 1	Spouse 2
Contact Number:	_____	_____
Email address:	_____ (Required)	_____ (Required)
Print Name:	_____	_____
Signature:	_____	Signature: _____

- This cover sheet **MUST** accompany a new or existing marriage application. Please use the marriage packet available on our website (**www.vicourts.org** – Superior Court – Family – Forms – Marriage packet) to file with the court.
- You may file your marriage cover sheet, application and supporting documents on our e-file site (**www.usvipublicportal.vicourts.org**) **Steps**: Create filing, select Superior Court, Category – New Case; select Location; Use Manual Docket Entry; Case Type – Marriage; Case Subtype – Marriage Regular; Filing Type-Initiating document; Filing subtype – Marriage application and license . If error occurs, please upload only the cover sheet and application. Once a case number is provided you may file the supporting documentation thereafter.
- **Questions – Please contact the Family division – St. Thomas 340-774-6680; St. Croix – 340-778-9750**

Revised on September 12, 2025, by Clerk of the Court, TC

VIRGIN ISLANDS OF THE UNITED STATES

LICENSE AND CERTIFICATE OF MARRIAGE

PLEASE RETURN ORIGINAL TO CLERK OF THE COURT IMMEDIATELY. VIOLATORS SUBJECT TO SANCTIONS UNDER TITLE 16 V.I.V SEC 40.

LICENSE NUMBER

SPOUSE 1	Name:	Address:	Date of Birth:
	Sex:	Place of Birth:	SSN:
	Father's Name:	(Father's) Place of Birth:	
	Mother's Name:	(Mother's) Place of Birth:	

SPOUSE 2	Name:	Address:	Date of Birth:
	Sex:	Place of Birth:	SSN:
	Father's Name:	(Father's) Place of Birth:	
	Mother's Name:	(Mother's) Place of Birth:	

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEVE THAT WE ARE FREE TO MARRY PURSUANT TO THE LAWS OF THIS STATE.

THIS MARRIAGE LICENSE IS NOT VALID UNTIL YOUR APPLICATION IS FILED WITH THE COURT PRIOR TO THE MARRIAGE CEREMONY

Spouse 1 Signature (above)	Spouse 2 Signature (above)

This License Authorizes the Marriage in this Territory of the Parties Named Above by any Person Duly Authorized to Perform a Marriage Ceremony under Laws of the State the United States Virgin Islands. Marriage Denomination	Expiration Date:

LICENSE TO MARRY

Subscribed to and sworn before me on:	Signature of Issuing Official:	Title of Issuing Official:

CEREMONY

I certify that the above-named persons were married on:	Where Married City, Town Location:	Island:

Signature of Person Performing Ceremony:	Name (of Officiant):	Title:

Address of Person Performing Ceremony: (Street Number, City, Town, Zip)

Signature of Witness to Ceremony:	Print Name:
Signature of Witness to Ceremony:	Print Name:
Signature of Court Registration Official:	Date Filed by the Court (Month, Day, Year):

Rev 7.22

NOTICE

The attached Marriage Information and Litigant Data Form, previously adopted for use in all Family actions has now been amended.

Please be reminded that the form must be submitted upon the filing of each new family case, and requires contact information of both and all litigants to the case.

Additional copies of the Case Information and Litigation Data Form, as amended, may be obtained from the Clerk's Office or on the Court's website, at www.vicourts.org ("Forms" link).

SUPERIOR COURT OF THE VIRGIN ISLANDS
CASE INFORMATION AND LITIGANT DATA SHEET

** The attached form requires the parties in a case (All Family cases) to provide specific contact information for both parties. This form must be submitted by either party at the time of filing of the action; the parties must submit the required information at the time of filing. The Clerk's Office shall ensure receipt of a completed form from every party in an action, within the time periods set forth above. All uncured deficiencies remaining after the initial contact shall be referred to the Clerk of the Court for further action at the expiration of the time provided for further action (i.e. issuance of a deficiency notice or referral to a judge for dismissal for failure to prosecute). **PLEASE TYPE OR PRINT LEGIBLY.**

SUPERIOR COURT OF THE VIRGIN ISLANDS

Tamara Charles
Clerk of the Court

OFFICE OF THE CLERK

☐ Alexander A. Farrelly Justice
CenterPost Office Box 70
St. Thomas, USVI 00804
(340) 774-6680

☐ R.H. Amphlett Leader Justice
ComplexPost Office Box 929
Christiansted, USVI 00821
(340- 778-9750

CASE INFORMATION AND LITIGANT DATA FORM

CASE _____

PARTY INFORMATION

SPOUSE 1: (FULL NAME) _____

SPOUSE 2: (FULL NAME) _____

PLACE OF BIRTH _____

PLACE OF BIRTH _____

DOB: _____

DOB: _____

MAILING ADDRESS: (Include zip code)

_____

_____

_____

_____

_____

_____

PHYSICAL ADDRESS:

_____

_____

_____

_____

EMAIL ADDRESS: _____

_____

HOME TELEPHONE: _____

_____

CELL NUMBER: _____

_____

Print Name _____

_____

Signature: _____

_____

Dated: _____

_____