

Both parties must appear in person with a photo I.D. at the Town Clerk's Office to obtain a Marriage License. License fee of \$50 and \$20 for optional certified copy (mailed after wedding).

11/08 This form may be
produced by the local
registrar's office

**State of Connecticut
Department of Public Health
MARRIAGE LICENSE WORKSHEET**

GROOM/ SPOUSE

BRIDE/ SPOUSE

NAME (First) (Middle) (Last)				NAME (First) (Middle) (Last)			
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE	SEX	DATE OF BIRTH (Mo., Day, Year)		AGE
BIRTHPLACE			EDUCATION (No. Yrs. Completed)		EDUCATION (No. Yrs. Completed)		
			GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	GRADES 1-8	GRADES 9-12
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)				
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN		COUNTY	STATE
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER'S NAME				FATHER'S NAME			
MOTHER'S FULL MAIDEN NAME				MOTHER'S FULL MAIDEN NAME			
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)		FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)	
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	
LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY #				SOCIAL SECURITY #			

OFFICIATOR INFORMATION

Phone of Officiator:

OFFICIATOR'S NAME (FIRST) (LAST)

OFFICIATOR'S ADDRESS

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

DATE OF MARRIAGE:

Vernon

Office Use Only

1. Signature and Oath:		Send #	Certified Copies to:
2. Date Applied:			
3. Date Paid:			
4. Amount Paid:			
5. Contact Phone #		Date Received:	
		Date Sent:	