

**State of Connecticut**

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office

**Department of Public Health**  
**MARRIAGE LICENSE APPLICATION**

<b><i>SPOUSE ONE</i></b>				<b><i>SPOUSE TWO</i></b>									
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)			BIRTHPLACE			EDUCATION (No. Yrs. Completed)				
			GRADES 1-8	GRADES 9-12	COLLEGE 1-5+				GRADES 1-8	GRADES 9-12	COLLEGE 1-5+		
RESIDENCE (No. and Street)						RESIDENCE (No. and Street)							
CITY OR TOWN			COUNTY		STATE		CITY OR TOWN			COUNTY		STATE	
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO						SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO							
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)							
FATHER/PARENT BIRTHPLACE State O or Foreign Country)			MOTHER/PARENT BIRTHPLACE (State or Foreign Country)			FATHER/PARENT BIRTHPLACE (State or Foreign Country)			MOTHER/PARENT BIRTHPLACE (State or Foreign Country)				
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)							
NO. OF THIS MARRIAGE		NO. OF CIVIL UNIONS		IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS		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						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 # SPOUSE ONE						SOCIAL SECURITY # OF SPOUSE TWO							
<b><u>OFFICIATOR INFORMATION</u></b>													
OFFICIATOR'S NAME (FIRST) (LAST)													
OFFICIATOR'S ADDRESS						PHONE NUMBER							
ADDRESS WHERE MARRIAGE CEREMONY WILL BE PERFORMED: (Note: Wood Acres is in Harwinton)													

**FEE DUE AT TIME OF APPLICATION: \$50.00 Date of Application: \_\_\_\_\_**  
**Certificate must be used in PLYMOUTH/TERRYVILLE within 65 days of application to the Town Clerk**