

APPLICATION FOR MARRIAGE LICENSE

State of Connecticut

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by the local registrar's
office

Department of Public Health

MARRIAGE LICENSE WORKSHEET

GROOM/SPOUSE

BRIDE/SPOUSE

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (Month/ Day/ Year)	AGE	SEX	DATE OF BIRTH (Month/ Day/ Year)	AGE
BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Years Completed) GRADES (1-8) GRADES (9-12) COLLEGE (1-5+)	BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Years Completed) GRADES (1-8) GRADES (9-12) COLLEGE (1-5+)
RESIDENCE (Number and Street)			RESIDENCE (Number 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 FULL NAME			FATHER'S FULL 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 # OF GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/SPOUSE		
HOME/CELLULAR PHONE NUMBER OF BRIDE/GROOM/SPOUSE					
<u>OFFICIATOR INFORMATION</u>					
OFFICIATOR'S NAME (FIRST)		OFFICIATOR'S NAME (LAST)			
OFFICIATOR'S ADDRESS (NUMBER AND STREET)			OFFICIATOR'S ADDRESS (TOWN)		OFFICIATOR'S ADDRESS (STATE)
OFFICIATOR'S PHONE NUMBER					
DATE WHICH CEREMONY WILL BE PERFORMED					

Town Clerk's Office, Town of Farmington, 1 Monteith Drive, Farmington, CT 06032

Both Parties must appear in person with a photo ID at the Town Clerk's Office to obtain a Marriage License. License Fee will be \$50.00. If you wish to obtain an optional certified copy, they are an additional \$20.00 for each copy. Payment may be made by cash, personal check, debit or credit cards (additional fees apply when using a card). Please arrive the latest at 4:00 for a marriage licenses. Our hours are Monday—Friday 8:30 to 4:30.

Returned