

## INSTRUCTIONS FOR COMPLETING THE REQUIRED MARRIAGE LICENSE WORKSHEET

FOR INDIVIDUALS PLANNING TO BE UNITED IN MARRIAGE IN THE TOWN OF GROTON, CONNECTICUT

Please provide complete details for each box of the Marriage License Worksheet. Remember, you are creating a historic document that will remain on record in the Town Clerk's Office for eternity. We ask that you bring this worksheet to the Town Clerk's Office when you plan to obtain the actual Marriage License. Call our office to make an appointment to apply for the Marriage License, 860-441-6640.

**Important:** the Marriage License Worksheet is not a Marriage License.

For your NAME, please include your first, middle and last name that you were given at birth or after adoption.

For your BIRTHPLACE, we need to know the location of the place that you were born, such as the Town/City and State or Country. You may also choose to only list the State or Foreign Country, if you don't know the detail.

For your RESIDENCE, we ask that you to provide your current address.

For your FATHER AND MOTHER'S NAMES we ask that you provide their full names at birth. Many people change their names during the course of their lives because of marriage or celebrity. We need to know their full names from birth; first, middle and last names please.

For your parent's birthplace, we ask that you provide as much detail as possible. If you only know the state or foreign country, then that's what you should provide. If you have no details, we will understand.

For the Number – No. of this marriage, we ask that you tell us if you were married before this marriage. Example: If you have had 3 previous marriages, this marriage would be number 4. You would write 4 in the box. If this is your first marriage, you should write 1 in the box. If you have had any Civil Unions, you will know it. Just let us know how many.

The other boxes are self-explanatory, but if you are unsure, just leave it blank. We will assist you with any questions when you come in to apply for the license.

Please do not include your Social Security number until you are in our office. We wouldn't want anyone to get a hold of this document with your SS number on it.

You may leave the Officiant's information and Date of Ceremony, blank, unless you are confident that you have this information.

Please provide your phone number.

FOR ANY QUESTIONS or TO MAKE AN APPOINTMENT, CALL 860-441-6640.

**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		EDUCATION (No. Yrs. Completed) GRADES 1-8 GRADES 9-12 COLLEGE(1-5+)	BIRTHPLACE		EDUCATION (No. Yrs. Completed) 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
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	MOTHER'S BIRTHPLACE		FATHER'S BIRTHPLACE	MOTHER'S BIRTHPLACE	
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	Were you previously married or in a Civil Union? <b>LAST RELATIONSHIP WAS:</b> <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	Were you previously married or in a Civil Union? <b>LAST RELATIONSHIP WAS:</b> <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION
LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER			LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # OF GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/SPOUSE		
<b>OFFICE USE ONLY</b> <b>ID:</b>			<b>OFFICE USE ONLY</b> <b>ID:</b>		
OFFICIANT'S FIRST NAME		LAST NAME	TELEPHONE #		
TOWN WHERE THE MARRIAGE CEREMONY WILL BE PERFORMED		DATE OF APPLICATION	DATE OF MARRIAGE		
TELEPHONE OF APPLICANT		DATE PAID	DATE ISSUED	DATE RECEIVED IN OFFICE	
NUMBER OF PREPAID COPIES		MAIL TO:	DATE CERTIFIED COPY MAILED		