

TOWN OF SOUTHLINGTON

MARRIAGE LICENSE WORKSHEET

Complete this worksheet and bring it with you to the Southington Town Clerk's Office. Both applicants should come together to apply for the license. Appointments are not necessary.
Hours are 8:30 a.m. to 4:30 p.m. Monday-Wednesday and Friday, Thursdays 8:30 a.m. to 7:00 p.m.

GROOM/SPOUSE ONE				BRIDE/SPOUSE TWO							
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 (State of Foreign Country)		EDUCATION (No. Yrs. Completed)		BIRTHPLACE (State of Foreign Country)		EDUCATION (No. Yrs. Completed)					
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)			GRADE S 1-8	GRADES 9-12	COLLEGE (1-5+)		
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)							
CITY OR TOWN and ZIP CODE		COUNTY		STATE		CITY OR TOWN and ZIP CODE		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 FIRST & LAST NAME (PRIOR TO FIRST MARRIAGE)						FATHER/PARENT FIRST & LAST NAME (PRIOR TO FIRST MARRIAGE)					
FATHER/PARENT BIRTHPLACE (State 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 FIRST & LAST NAME (PRIOR TO FIRST MARRIAGE)						MOTHER/PARENT FIRST & 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:						LAST RELATIONSHIP ENDED BY:					
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT						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						4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					
SOCIAL SECURITY # SPOUSE ONE						SOCIAL SECURITY # SPOUSE TWO					
SPOUSE ONE PHONE #						SPOUSE TWO PHONE #					
OFFICIATOR'S NAME (FIRST)						OFFICIATOR'S NAME (LAST)					
OFFICIATOR'S PHONE NUMBER											
DATE OF MARRIAGE _____											
TOWN: SOUTHLINGTON LOCATION (FACILITY/CHURCH) _____											

NUMBER OF CERTIFIED COPIES REQUESTED (\$20 PER COPY): _____