

# MARRIAGE LICENSE WORKSHEET

**NOTE: License MUST be issued from town where ceremony will be performed.**

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 (State or Foreign Country)		EDUCATION ( Number of Years Completed)		BIRTHPLACE (State or Foreign Country)		EDUCATION ( Number of Years Completed)	
		GRADES 1-8	GRADES 9-12	COLLEGE 1-5+			GRADES 1-8
				COLLEGE 1-5+			COLLEGE 1-5+
RESIDENCE(Number and Street)				RESIDENCE(Number and Street)			
CITY OR TOWN		COUNTY		STATE			
RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR	
		<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
FATHER'S NAME				FATHER'S 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)	
MOTHER'S COMPLETE MAIDEN NAME				MOTHER'S COMPLETE MAIDEN NAME			
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				1. <input type="checkbox"/> MARRIAGE	
		2. <input type="checkbox"/> CIVIL UNION				2. <input type="checkbox"/> CIVIL UNION	
LAST RELATIONSHIP WAS ENDED BY				LAST RELATIONSHIP WAS 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 NUMBER				SOCIAL SECURITY NUMBER			
ZIP CODE	MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS ABOVE)			ZIP CODE	MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS ABOVE)		
PHONE NUMBER				PHONE NUMBER			

OFFICIATOR'S NAME (First) (Last)		DATE OF CEREMONY
OFFICIATOR'S ADDRESS		OFFICIATOR'S PHONE NUMBER

APPLICATION FEE \$50.00	FOR TOWN CLERK USE ONLY DATE ISSUED _____ AMOUNT COLLECTED \$ _____
CERTIFIED COPIES \$20.00 EACH	
NUMBER OF CERTIFIED COPIES REQUESTED _____	

**KENT TOWN CLERK - 41 KENT GREEN BOULEVARD - P.O. BOX 843 - KENT, CONNECTICUT 06757**

Telephone (860) 927-3433

Email [townclerk@townofkentct.org](mailto:townclerk@townofkentct.org)

[ ] Copy sent to State (and CT town if applicable) [ ] Entered in Index