

Department of Public Health

MARRIAGE LICENSE WORKSHEET

SPOUSE ONESPOUSE TWO

NAME (First, Middle, Last)			PHONE NUMBER			NAME (First, Middle, Last)			PHONE NUMBER		
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) First, Last:						FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) First, Last:					
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 NAME (LAST NAME PRIOR TO FIRST MARRIAGE) First, Last:						MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) First, Last:					
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 SPOUSE ONE						SOCIAL SECURITY # OF SPOUSE TWO					

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST)	OFFICIATOR'S NAME (LAST)
OFFICIATOR'S ADDRESS	TELEPHONE NUMBER
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED	

**NOTICE: AS OF OCTOBER 1, 2009, YOU CAN ONLY APPLY IN THE TOWN WHERE THE CEREMONY IS TAKING PLACE.
THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION.**

For Office Use Only

Date Applied: _____

Date Received for Record: _____

Date of Marriage: _____

Date License Issued: _____

Amount Paid: _____