

# Town of Southington Marriage License Worksheet License Fee: \$50.00

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**

**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 (No. Yrs. Completed)	BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Yrs. Completed)
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	GRADE S 1-8
RESIDENCE (No. and Street)		RESIDENCE (No. and Street)			
CITY & ZIP CODE	COUNTY	STATE	CITY & ZIP CODE	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 FIRST & LAST NAME			FATHER'S FIRST & LAST NAME		
MOTHER'S FIRST & MAIDEN NAME			MOTHER'S FIRST & 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	21a. 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	42a. 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		

Groom/Spouse Phone #: \_\_\_\_\_ Bride/Spouse Phone #: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Town: Southington Location(Facility/Church) \_\_\_\_\_

Officiant Name: \_\_\_\_\_ Officiant Phone# \_\_\_\_\_

Number of Certified Copies Requested (\$20.00 per copy): \_\_\_\_\_