

**State of Connecticut**

11/08 This form may be produced by the local registrar's office

**Department of Public Health**

**MARRIAGE LICENSE WORKSHEET**

**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		EDUCATION (No. Yrs. Completed)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)	
		GRADES 1-8	GRADES 9-12			COLLEGE (1-5+)	GRADES 1-8
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 NAME				FATHER'S NAME			
MOTHER'S FULL MAIDEN NAME				MOTHER'S FULL 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	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 #				SOCIAL SECURITY #			

<b>OFFICIATOR INFORMATION</b>		Phone: Officiator or Bride/Groom/Spouse _____
OFFICIATOR'S NAME (FIRST)	(LAST)	
OFFICIATOR'S ADDRESS		
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:		DATE OF MARRIAGE:
<b>NEWINGTON</b>		

**Both Bride & Groom/Spouses must appear in person with a photo I.D. at the Town Clerk's Office to obtain a Marriage License. License may be obtained no earlier than 65 days prior to the ceremony. License fee of \$50.00 and \$20.00 for optional certified copy to be mailed after the wedding. Payment by cash or personal check only. Debit/credit cards cannot be accepted.**

**Newington Town Clerk  
131 Cedar Street – Newington, CT 06111, (860) 665-8545  
Office Hours: 8:30 am to 4:30 pm Monday – Friday**