

Email this completed form to town.clerk.office@wethersfieldct.gov to begin processing. Both Spouses must appear in person 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 certified copy is collected at time of signing. Payment by cash or personal check only. Debit/credit cards can not be accepted.

**State of Connecticut
Department of Public Health
MARRIAGE LICENSE WORKSHEET**

01/24 This form may be produced by the local registrar's office

SPOUSE ONE

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		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			FATHER/PARENT 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/PARENT NAME (MOTHER'S MAIDEN NAME)			MOTHER/PARENT NAME (MOTHER'S MAIDEN NAME)		
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 #: PLEASE PROVIDE IN PERSON			SOCIAL SECURITY #: PLEASE PROVIDE IN PERSON		

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST) (LAST)
OFFICIATOR'S PHONE #
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: WETHERSFIELD
DATE OF MARRIAGE:

**Wethersfield Town Clerk
505 Silas Deane Highway – Wethersfield, CT 06109
town.clerk.office@wethersfieldct.gov
(860) 721-2830**