

**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 fee of \$30.00 and \$20.00 for optional certified copy to be mailed after the wedding. Payment may be made by cash or personal check. Debit or credit cards can not be accepted.**

**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	
		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
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 MAIDEN NAME			MOTHER'S MAIDEN NAME		
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)		FATHER'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
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 #		
OFFICIATOR INFORMATION			Phone: Officiator or Bride/Groom _____		
OFFICIATOR'S NAME (FIRST)		OFFICIATOR'S NAME (LAST)			
OFFICIATOR'S ADDRESS					
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:			DATE OF MARRIAGE:		
<b>SOUTH WINDSOR</b>					

**South Windsor Town Clerk  
1540 Sullivan Avenue – South Windsor, CT 06074  
(860) 644-2511 ext. 325  
Office Hours: 8:00 am to 4:30 pm Monday – Wednesday & Friday  
Thursday 8:00 am to 6:00 pm**