

Department of Public Health  
 Marriage License Worksheet  
 (Persons getting married in CHESHIRE)

Phone #: \_\_\_\_\_

FEE: \$50.00

SPOUSE 1					SPOUSE 2				
NAME (First) (Middle) (Last)					NAME (First) (Middle) (Last)				
SEX	DATE OF BIRTH (month/day/year)			AGE	SEX	DATE OF BIRTH (month/day/year)			AGE
BIRTHPLACE- STATE OR FOREIGN COUNTRY		EDUCATION (# OF YEARS COMPLETED)			BIRTHPLACE- STATE OR FOREIGN COUNTRY		EDUCATION (# OF YEARS COMPLETED)		
		GRADE 1-8 #	GRADE 9-12 #	COLLEGE #			GRADE 1-8 #	GRADE 9-12 #	COLLEGE #
ADDRESS (Number & Street)					ADDRESS (Number & Street)				
CITY/TOWN		COUNTY		STATE	CITY/TOWN		COUNTY		STATE
SUPERVISOR OR CONTROL BY GUARDIAN OR CONSERVATOR?			YES	NO	SUPERVISOR OR CONTROL BY GUARDIAN OR CONSERVATOR?			YES	NO
FATHER/PARENT NAME (Full name prior to first marriage)					FATHER/PARENT NAME (Full name prior to first marriage)				
FATHER/PARENT BIRTHPLACE (State OR Foreign Country)					FATHER/PARENT BIRTHPLACE (State OR Foreign Country)				
MOTHER/PARENT NAME (Full name prior to first marriage)					MOTHER/PARENT NAME (Full name prior to first marriage)				
MOTHER/PARENT BIRTHPLACE (State OR Foreign Country)					MOTHER/PARENT BIRTHPLACE (State OR Foreign Country)				
# OF MARRIAGES INCLUDING THIS ONE			# OF CIVIL UNIONS		# OF MARRIAGES INCLUDING THIS ONE			# OF CIVIL UNIONS	
IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS-		MARRIAGE	CIVIL UNION		IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS-		MARRIAGE	CIVIL UNION	
LAST RELATIONSHIP ENDED BY:					LAST RELATIONSHIP ENDED BY:				
DEATH	DISSOLUTION	ANNULMENT	CIVIL UNION DID NOT END. MARRYING PARTNER.		DEATH	DISSOLUTION	ANNULMENT	CIVIL UNION DID NOT END. MARRYING PARTNER.	
SPOUSE 1- SOCIAL SECURITY NUMBER					SPOUSE 2- SOCIAL SECURITY NUMBER				

**\*THE LICENSE IS VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION**

\*\*\*FOR OFFICE USE ONLY\*\*\*

APPLICATION DATE: \_\_\_\_\_

LICENSE PAID:      yes \_\_\_\_\_ no \_\_\_\_\_