

State of Connecticut

Email application & ID's to:  
townclerk@townofwindsorct.com

Department of Public Health  
**MARRIAGE LICENSE WORKSHEET**

**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 (State)	Education (No. Years Completed)			BIRTHPLACE (State)	Education (No. Years 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 (FULL NAME GIVEN AT BIRTH)				FATHER/PARENT NAME (FULL NAME GIVEN AT BIRTH)			
FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)		FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	
MOTHER/PARENT NAME (FULL NAME GIVEN AT BIRTH)				MOTHER/PARENT NAME (FULL NAME GIVEN AT BIRTH)			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	
LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER				LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY NUMBER FOR SPOUSE ONE:				SOCIAL SECURITY NUMBER FOR SPOUSE TWO:			
<i>PHONE NUMBER FOR COUPLE:</i>							
<b>OFFICIATOR INFORMATION:</b>							
OFFICIATOR'S NAME (First, Last)							
OFFICIATOR'S ADDRESS				OFFICIATOR'S PHONE NUMBER			
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:				DATE OF CEREMONY:			