

State of Connecticut

01/22 This form may be
produced by the local
registrar's office

**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		
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 (LAST NAME PRIOR TO FIRST MARRIAGE)			FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)		
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)		
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)
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 # SPOUSE ONE			SOCIAL SECURITY # SPOUSE TWO		

OFFICIATOR INFORMATION

Phone: Officiator for Ceremony _____

OFFICIATOR'S NAME (FIRST) (LAST)

OFFICIATOR'S ADDRESS

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

DATE OF MARRIAGE:

BEACON FALLS

Both parties must appear in person, along with a photo I.D. and payment 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: \$50.00 / Certified Copy: \$20 each (post ceremony)

Payment by cash, check or credit card is acceptable.

**Beacon Falls Town Clerk
10 Maple Ave., Beacon Falls, CT 06403 - Phone: (203) 729-8254**