

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 of Foreign Country)			EDUCATION (No. Yrs. Completed)		BIRTHPLACE (State of Foreign Country)			EDUCATION (No. Yrs. Completed)			
			GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)				GRADE S 1-8	GRADES 9-12	COLLEGE (1-5+)
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)							
CITY OR TOWN and ZIP CODE		COUNTY		STATE		CITY OR TOWN and ZIP CODE		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 FIRST & LAST NAME (PRIOR TO FIRST MARRIAGE)				FATHER/PARENT FIRST & 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)					
MOTHER/PARENT FIRST & LAST NAME (PRIOR TO FIRST MARRIAGE)				MOTHER/PARENT FIRST & LAST NAME (PRIOR TO FIRST MARRIAGE)							
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							
<u>SPOUSE ONE PHONE #</u>				<u>SPOUSE TWO PHONE #</u>							
OFFICIATOR'S NAME (FIRST)				(LAST)							
OFFICIATOR'S PHONE NUMBER											
DATE OF MARRIAGE _____											
TOWN: PLAINVILLE LOCATION (FACILITY/CHURCH) _____											