

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
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		
<i>SPOUSE ONE PHONE #</i>			<i>SPOUSE TWO PHONE #</i>		
OFFICIATOR'S NAME (FIRST)			OFFICIATOR'S NAME (LAST)		
OFFICIATOR'S PHONE NUMBER					
DATE OF MARRIAGE _____					
TOWN: PLAINVILLE LOCATION (FACILITY/CHURCH) _____					