

MIDDLETOWN HEALTH DEPARTMENT

Vital Statistics

245 deKoven Drive
 Middletown, CT 06457
 860-638-4960



Today's Date _____

MARRIAGE LICENSE WORKSHEET

****Marriage License Must Be Obtained In Town Where Ceremony Will Occur****

Groom / Spouse #1

PLEASE PRINT

Bride / 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 (no. Yrs. Completed) Grades 1-8 Grades 9-12 College (1-5+)	Birthplace (State or Foreign Country)		Education (no. Yrs. Completed) 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	
Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		Supervision or control by guardian or conservator <input type="checkbox"/> yes <input type="checkbox"/> no	Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		Supervision or control by guardian or conservator <input type="checkbox"/> yes <input type="checkbox"/> no
Father's name			Father's name		
Father's birthplace (State or Foreign Country)		Mother's birthplace (State or Foreign Country)	Father's birthplace (State or Foreign Country)		Mother's birthplace (State or Foreign Country)
Mother's first & maiden name			Mother's first & maiden name		
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			Last relationship ended by: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		
Phone # of groom/spouse #1			Phone # of bride/spouse #2		
Social security # of groom/spouse #1			Social security # of bride/spouse #2		
If prepaying for certified copies, mail # _____ of copies to: (Choose One) Groom/Spouse #1 Address Above ----- Zip Code _____ Bride/Spouse #2 Address Above ----- Zip Code _____					
Officiator's name					
Officiator's address			Officiator's Telephone Number		
Town where marriage ceremony will be performed			Date of ceremony		

Please bring a Photo ID for both parties. Both parties must appear in person to obtain a marriage license.

The fee for a marriage license is \$30. The fee for a certified copy of the marriage certificate is \$20.

Forms of payment accepted: cash, check or money order made payable to: **Middletown Health Department**