

Date Applied _____

**Department of Public Health
Marriage License Worksheet
(Persons getting married in CHESHIRE)**

FEE: \$50.00

SPOUSE 1				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 (# OF YEARS COMPLETED)		BIRTHPLACE- STATE OR FOREIGN COUNTRY		EDUCATION (# OF YEARS COMPLETED)			
		GRADE 1-8	GRADE 9-12			COLLEGE	GRADE 1-8	GRADE 9-12	COLLEGE
		#	#	#			#		
ADDRESS (NUMBER & STREET)				ADDRESS (NUMBER & STREET)					
CITY/TOWN		COUNTY	STATE	CITY/TOWN		COUNTY	STATE		
SUPERVISOR OR CONTROL BY GUARDIAN OR CONSERVATOR?			YES	NO	SUPERVISOR OR CONTROL BY GUARDIAN OR CONSERVATOR?			YES	NO
FATHER'S NAME (First) (Middle) (Last)				FATHER'S NAME (First) (Middle) (Last)					
FATHERS BIRTHPLACE (STATE OR FOREIGN COUNTRY)				FATHERS BIRTHPLACE (STATE OR FOREIGN COUNTRY)					
MOTHER'S NAME (First) (Middle) (Last)				MOTHER'S NAME (First) (Middle) (Last)					
MOTHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY)				MOTHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY)					
# OF MARRIAGES INCLUDING THIS ONE		# OF CIVIL UNIONS		# OF MARRIAGES INCLUDING THIS ONE		# OF CIVIL UNIONS			
IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS-		MARRIAGE	CIVIL UNION	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS-		MARRIAGE	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					
SPOUSE 1- SOCIAL SECURITY NUMBER				SPOUSE 2- SOCIAL SECURITY NUMBER					

***THE LICENSE IS VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION**

FOR OFFICE USE ONLY

PHONE NUMBER: _____

LICENSE PAID: yes _____ no _____