



Both parties must appear in person with a photo I.D. at the Town Clerk's Office to obtain a Marriage License. License fee of \$50 and \$20 for optional certified copy (mailed after weddings). Contact the Town Clerk's Office with any questions at 860 399-3044.

WESTBROOK CT - MARRIAGE LICENSE WORKSHEET

GROOM/SPOUSE - PHONE:

BRIDE/SPOUSE PHONE:

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			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 (+ ZIP)			COUNTY		STATE		CITY OR TOWN (+ ZIP)			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'S NAME						FATHER'S NAME									
MOTHER'S FULL MAIDEN NAME						MOTHER'S FULL MAIDEN 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)			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS				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						1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION							
LAST RELATIONSHIP ENDED BY:						LAST RELATIONSHIP ENDED BY:									
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT						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						4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER									
SOCIAL SECURITY #						SOCIAL SECURITY #									

PROVIDE OFFICIATOR INFORMATION

Phone of Officiator:

OFFICIATOR'S NAME (FIRST) (LAST)

OFFICIATOR'S ADDRESS

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

DATE OF MARRIAGE:

WESTBROOK

Office Use Only

1. Signature and Oath:		Send # _____	Certified Copies @ \$20 to:
2. Date Applied:			
3. Date Paid:			
4. Amount Paid:			
5. Contact Phone #		Date Received:	
		Date Sent:	
		Initials	