

FEE = \$50.00 CASH OR CHECK

PAYABLE TO: THE TOWN OF HEBRON

MARRIAGE LICENSE WORKSHEET							
Groom/Spouse				Bride / Spouse			
Name (First)		(Middle)		(Last)			
Name (First)		(Middle)		(Last)			
Sex	Date of Birth:		Age:	Sex	Date of Birth:		Age:
Birthplace		Education # years completed		Birthplace		Education # years completed	
		Grades 1-8	Grades 9-12	College			Grades 1-8
		Grades 9-12	College			Grades 1-8	Grades 9-12
Residence (# and Street)				Residence (# and Street)			
City or Town		County		State			
City or Town		County		State			
Race	Supervision or control by guardian or conservator			Race	Supervision or control by guardian or conservator		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<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 Country		Mother's Birthplace-State or Country		Father's Birthplace-State or Country		Mother's Birthplace-State or Country	
# of this Marriage:	# of Civil Unions:	If previously in marriage or civil union last relationship was:		# of this Marriage:	# of Civil Unions:	If previously in marriage or civil union last relationship was:	
		<input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union				<input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union	
Last relationship ended by:				Last relationship ended by:			
<input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment				<input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment			
<input type="checkbox"/> Previous civil Union did not end. Marrying Civil Union Partner				<input type="checkbox"/> Previous civil Union did not end. Marrying Civil Union Partner			
Social Security #:				Social Security #:			
Ceremony Town:				County:			
Date of Ceremony:				Type of Ceremony: <input type="checkbox"/> Religious <input type="checkbox"/> Civil: (JP, Magistrate, Judge, etc)			
We the above named in this application do solemnly swear that the statements herein made are true and are our own free act and deed.							
Signature: _____		Date: _____		Phone: _____			
Signature: _____		Date: _____		Phone: _____			
Name of person performing ceremony:				Name: _____			
				Address: _____			
				Phone: _____			
Who shall we mail a certified copy of the completed Marriage Certificate to? (\$20.00 per copy)				Name: _____			
				Address: _____			
The marriage license worksheet certifies that the above named people have complied with the laws of Connecticut relating to a marriage license, and any person authorized by the State of Connecticut may join these people in marriage in the above named town.							