

MARRIAGE LICENSE WORKSHEET
OFFICE OF THE CITY CLERK, MILFORD, CONNECTICUT

DATE APPLIED:

TOWN OF MARRIAGE:

BRIDE / SPOUSE

NAME (First) (Middle) (Last)			
1.			
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE
2.	3.	4.	
BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Yrs. Completed)	
		GRADES 1-8	COLLEGE (1-5+)
5.	6.	7.	8.
RESIDENCE (No. and Street)			
9.			
CITY OR TOWN	COUNTY		STATE
10.	11.		12.
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR		
13.	14. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER'S NAME (Full Name)			
15.			
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)	
16.		17.	
MOTHER'S MAIDEN NAME (Full Name)			
18.			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	21a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	
19.	20.		
21b. 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 # OF BRIDE/ GROOM/ SPOUSE			
65.			

NAME (First) (Middle) (Last)			
22.			
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE
23.	24.		25.
BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Yrs. Completed)	
		GRADES 1-8	COLLEGE (1-5+)
26.	27.	28.	29.
RESIDENCE (No. and Street)			
30.			
CITY OR TOWN	COUNTY		STATE
31.	32.		33.
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR		
34.	35. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER'S NAME (Full Name)			
36.			
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)	
37.		38.	
MOTHER'S MAIDEN NAME (Full Name)			
39.			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	42a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	
40.	41.		
42b. 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 # OF BRIDE/ GROOM/ SPOUSE			
66.			

CHECKLIST:	Bride/Spouse	Groom/Spouse
Signature & Oath		
Mailed		
Date Received for Record		
Date License Issued		
License Fee Paid		

Date of Marriage:
Spouse Telephone #:
Spouse Telephone #:
Name, Address, Telephone # & Title of Person Performing the Marriage Ceremony:

[illegible]