

**MARRIAGE/CIVIL UNION LICENSE APPLICATION
TOWN OF WEST HARTFORD**

<p>1. PHOTO ID 2. SIGNATURE & OATH 3. PARENTAL CONSENT 4. PROBATE JUDGE CONSENT 5. LICENSE PAID</p> <p>YES: _____ NO: _____</p>	BRIDE	GROOM	<p>TOWN OF MARRIAGE (IF NOT WEST HARTFORD) _____</p> <p>PROOF OF RESIDENCY: _____</p> <p>CERTIFIED COPY SENT TO: _____</p>
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GROOM / SPOUSE

BRIDE / SPOUSE

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+)		GRADE S 1-8	GRADES 9-12	COLLEGE (1-5+)		
RESIDENCE (No. and Street)					RESIDENCE (No. and Street)				
CITY OR TOWN		COUNTY	STATE		CITY OR TOWN		COUNTY	STATE	
RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			RACE		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 MAIDEN NAME					MOTHER'S MAIDEN NAME				
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			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		
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				
SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE					SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE				

OFFICIATOR'S NAME (FIRST) (LAST)

DATE OF MARRIAGE :

CONTACT PHONE NUMBER: