

Email this form to townclerk@haddam.org or townclerkasst@haddam.org to begin processing. We will contact you to make an appointment. Both spouses must appear in person to obtain a Marriage License. License is valid for 65 days prior to the ceremony. License fee \$50.00 and \$20.00 for a certified copy. Payment of cash or personal check only. Debit/credit cards not accepted.

State of Connecticut

01/22 This form
may be reproduced
by the local registrar's
office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

SPOUSE ONE: PHONE # _____				SPOUSE TWO: 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+)			GRADE 9-12 COLLEGE (1-5+)
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)			
CITY OR TOWN / ZIP CODE		COUNTY	STATE	CITY OR TOWN / ZIP CODE		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/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			
FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)		FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			
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 SPOUSE ONE				SOCIAL SECURITY # OF SPOUSE TWO			
<u>OFFICIATOR INFORMATION</u>							
OFFICIATOR'S NAME (First) (Last)							
OFFICIATOR'S ADDRESS				PHONE NUMBER			
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: Haddam				WEDDING DATE			
NUMBER OF CERTIFIED COPIES REQUESTED:							