

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

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

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 (Please include first and last name)				MOTHER'S MAIDEN NAME (Please include first and last 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)				OFFICIATOR'S NAME (LAST)			
DATE OF MARRIAGE :				CONTACT PHONE NUMBER:			