

Email this form along with photo IDs to townclerk@southwindsor-ct.gov to begin processing. Both Spouses must appear in person to obtain a Marriage License. License may be obtained no earlier than 65 days prior to the ceremony. License fee of \$50.00 and \$20.00 for optional certified copy to be mailed after the wedding. Payment by cash or personal check only. Debit/credit cards can not be accepted.

**State of Connecticut
Department of Public Health
MARRIAGE LICENSE WORKSHEET**

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

SPOUSE ONE					SPOUSE TWO												
NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)			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)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)					
				GRADES 1-8 GRADES 9-12 COLLEGE (1-5+)						GRADES 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		
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'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/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 #: PLEASE PROVIDE IN PERSON						SOCIAL SECURITY #: PLEASE PROVIDE IN PERSON											
OFFICIATOR INFORMATION																	
OFFICIATOR'S NAME (FIRST) (LAST)						OFFICIATOR'S NAME (FIRST) (LAST)											
OFFICIATOR'S ADDRESS																	
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:						DATE OF MARRIAGE:											
SOUTH WINDSOR																	

**South Windsor Town Clerk
1540 Sullivan Avenue – South Windsor, CT 06074
townclerk@southwindsor-ct.gov
(860) 644-2511 ext. 2325**

**Office Hours: 8:00 am to 7:00 pm Monday - Must come by 6:30 pm for Marriage License
8:00 am to 4:30 pm Tuesday-Thursday - Must come in by 4:00 pm for Marriage License
8:00 am to 1:00 pm Friday - Must come by 12:30 pm for Marriage License**