



Town of Clinton

Marriage License Worksheet

Fee \$50.00

GROOM / SPOUSE #1

BRIDE / SPOUSE #2

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX	DATE OF BIRTH (MM/DD/YYYY)	AGE
BIRTHPLACE		EDUCATION (# Years Completed)	BIRTHPLACE		EDUCATION (# Years Completed)
		GRADES 1-8 GRADES 9-12 COLLEGE (1-5+)			GRADE 1-8 GRADES 9-12 COLLEGE (1-5+)
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN	
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN	
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 FIRST & MAIDEN NAME			MOTHER'S FIRST & MAIDEN NAME		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY MARRIED, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY MARRIED, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION
LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY #			SOCIAL SECURITY #		
FOR OFFICE USE ONLY					
CONTACT PHONE #		CASH AMOUNT	CHECK AMOUNT/#	# OF COPIES TO BE MAILED	
CONTACT PHONE #		CASH AMOUNT	CHECK AMOUNT/#	# OF COPIES TO BE MAILED	
OFFICIATOR'S NAME			OFFICIATOR'S PHONE #		
OFFICIATOR'S ADDRESS					
DATE OF CEREMONY			DATE APPLIED	DATE RECEIVED	