

MARRIAGE LICENSE WORKSHEET

Town of Middlebury

SPOUSE ONE**SPOUSE TWO**

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+)	GRADES 1-8
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)			
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'S FULL NAME				FATHER'S FULL 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 FULL MAIDEN NAME				MOTHER'S FULL 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 SPOUSE ONE				SOCIAL SECURITY # OF SPOUSE TWO			
PHONE # OF SPOUSE ONE			TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED				
OFFICIATOR'S NAME		OFFICIATOR'S ADDRESS			OFFICIATOR'S PHONE #		

**NOTICE: AS OF OCTOBER 1, 2009, YOU CAN ONLY APPLY IN THE TOWN WHERE THE CEREMONY IS TAKING PLACE.
THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION.**

For Office Use Only

Date Applied: _____

Date Received for Record: _____

Date of Marriage: _____

Date License Issued: _____

Amount Paid: _____