

# Marriage License Application – Town of Berlin

**\*Please call our office at 860-828-7036 to schedule an appointment to apply for a marriage license\***

Date of Marriage \_\_\_\_\_

Officiator's Name & Telephone Number: \_\_\_\_\_

Would you like to prepay for a certified copy of your Marriage License? YES \_\_\_\_\_ NO \_\_\_\_\_

*(Certified copies are used for a variety of purposes including notifying Social Security that you are married, changing your name with the DMV, obtaining spousal health insurance with an employer. The cost per certified copy is \$20).* # of copies \_\_\_\_\_

**Name and Address for Copies:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**GROOM/SPOUSE INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix (Jr,Sr,III,etc) \_\_\_\_\_

Birthplace (State or Foreign Country) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex \_\_\_\_\_ Supervision or control by guardian or conservator?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Residence (No and Street) \_\_\_\_\_

City or Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Highest Level of Education \_\_\_\_\_ Number of Years Completed \_\_\_\_\_  
(High School, College, etc)

No. of this Marriage (1<sup>st</sup>, 2<sup>nd</sup>, etc) \_\_\_\_\_ Number of Civil Unions \_\_\_\_\_ If previously in Marriage or Civil Union, last relationship was: \_\_\_\_\_ Last Relationship ended by Div,Death,Annul): \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Birthplace (State or Foreign Country) \_\_\_\_\_

Mother's Maiden Name (First and Last) \_\_\_\_\_

Mother's Birthplace (State or Foreign Country) \_\_\_\_\_

**BRIDE/SPOUSE INFORMATION**

First Name                      Middle Name                      Last Name                      Suffix (Jr,Sr,III,etc)

\_\_\_\_\_

Birthplace (State or Foreign Country)                      Birthdate                      Age                      Social Security Number

\_\_\_\_\_

Sex                      Supervision or control by guardian or conservator?  
\_\_\_\_\_                      YES \_\_\_\_\_                      NO \_\_\_\_\_

Residence (No and Street)

\_\_\_\_\_

City or Town                      County                      State

\_\_\_\_\_

Phone Number                      Highest Level of Education                      Number of Years Completed  
(High School, College, etc)

\_\_\_\_\_

No. of this                      Number of                      If previously in Marriage or Civil Union,                      Last Relationship  
Marriage (1<sup>st</sup>, 2<sup>nd</sup>, etc)                      Civil Unions                      last relationship was:                      ended by (Div,Death,Annul):

\_\_\_\_\_

Father's Name

\_\_\_\_\_

Father's Birthplace (State or Foreign Country)

\_\_\_\_\_

Mother's Maiden Name (First and Last)

\_\_\_\_\_

Mother's Birthplace (State or Foreign Country)

\_\_\_\_\_