



TOWN OF EASTON
MARRIAGE LICENSE WORKSHEET

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 (State or Country)		EDUCATION (No. Yrs. Completed)		BIRTHPLACE (State or Country)		EDUCATION (No. Yrs. Completed)	
		GRADES 1-8	GRADES 9-12			COLLEGE (1-5+)	GRADES 1-8
RESIDENCE ADDRESS (No. and Street)				RESIDENCE ADDRESS (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'S NAME (First & Last Name)				FATHER'S NAME (First & Last Name)			
MOTHER'S MAIDEN NAME (First & Last Name)				MOTHER'S MAIDEN NAME (First & Last 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)	
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	
LAST RELATIONSHIP ENDED BY:				LAST RELATIONSHIP ENDED BY:			
1. DEATH				1. DEATH			
2. DISSOLUTION				2. DISSOLUTION			
3. ANNULMENT				3. ANNULMENT			
4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY # OF SPOUSE 1				SOCIAL SECURITY # OF SPOUSE 2			

PLEASE COMPLETE THE FOLLOWING INFORMATION:

OFFICIATOR'S NAME, ADDRESS & PHONE #:

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

Easton

EXPECTED DATE OF MARRIAGE

CONTACT PHONE NUMBER

FOR TOWN CLERK'S USE ONLY:

		PARTY 1	PARTY 2	DATE APPLIED _____ DATE PAID _____
1) ID CHECKED	<input type="radio"/>	<input type="radio"/>		AMOUNT PAID _____ CASH/CHECK
2) SIGN & OATH	<input type="radio"/>	<input type="radio"/>		
3) PARENT CONSENT	<input type="radio"/>	<input type="radio"/>		
4) JUDGE'S CONSENT	<input type="radio"/>	<input type="radio"/>		# OF CERTIFIED COPIES REQUESTED _____
DATE LICENSE ISSUED (BY WHOM/TO WHOM)		DATE LICENSE RECD FOR RECORD		MAIL CERTIFIEDS TO: _____
_____		_____		DATE MAILED: _____ INITIALS: _____