

MARRIAGE LICENSE WORKSHEET - CANTON, CT

1. Appointments necessary - call the Town Clerk at (860) 693-7870 to schedule.
2. This completed worksheet to be submitted at least 24 hours in advance of your Licensing Appointment.
3. Submit worksheet via email or regular mail:

lsmith@townofcantonct.org

Canton Town Clerk, PO Box 168, Collinsville, CT 06022

4. Appointments take place at the Town Clerk's Office, 4 Market St., Collinsville, Canton, CT 06019

SEX		DATE OF BIRTH (Mo., Day, Year)			AGE		SEX		DATE OF BIRTH (Mo., Day, Year)			AGE					
BIRTHPLACE (State or Foreign Country)				EDUCATION (No. Yrs. Completed)			BIRTHPLACE (State or Foreign Country)				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					
RACE			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR			RACE			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR								
			YES NO						YES 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 NAME & MAIDEN NAME						MOTHER'S FIRST NAME & MAIDEN NAME											
NO. OF THIS MARRIAGE		NO. OF CIVIL UNIONS		IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS		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						1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION							
LAST RELATIONSHIP ENDED BY:						LAST RELATIONSHIP ENDED BY:											
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT						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						4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER											
SOCIAL SECURITY # OF GROOM/SPOUSE						SOCIAL SECURITY # OF BRIDE/SPOUSE											
CANTON LOCATION WHERE MARRIAGE CEREMONY WILL BE PERFORMED:																	
OFFICIATOR'S NAME (FIRST)						OFFICIATOR'S NAME (LAST)											
OFFICIATOR'S ADDRESS & PHONE NUMBER																	