

## 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](mailto: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	
			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR						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 SPOUSE 1						SOCIAL SECURITY # OF SPOUSE 2					
CANTON LOCATION WHERE MARRIAGE CEREMONY WILL BE PERFORMED:											
OFFICIATOR'S NAME (FIRST)						OFFICIATOR'S NAME (LAST)					
OFFICIATOR'S ADDRESS & PHONE NUMBER											