

# MARRIAGE LICENSE WORKSHEET- TOWN OF BLOOMFIELD

## \$30.00 FEE (CASH/CHECK)

\* THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION

**GROOM/ SPOUSE** ID Shown

**BRIDE/ SPOUSE** ID Shown

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 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)
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 <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
FATHER'S FULL NAME			FATHER'S FULL NAME		
MOTHER'S FULL NAME INCLUDING MAIDEN NAME			MOTHER'S FULL NAME INCLUDING MAIDEN 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: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER			LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # OF GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/SPOUSE		
TELEPHONE NUMBER:			DATE OF CEREMONY:		

OFFICIATOR'S NAME AND ADDRESS:

ADMINISTRATIVE USE ONLY: PAID: YES \_\_\_\_\_ NO \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_