



**Colchester Town Clerk's Office**  
127 Norwich Avenue Suite 101  
Colchester, CT 06415

T. 860-537-7215  
F. 860-603-2471  
www.colchesterct.gov

**SPOUSE**

**SPOUSE**

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX	DATE OF BIRTH (MM/DD/YYYY)	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
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, Middle, Last)			FATHER'S NAME (First, Middle, Last)		
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 MAIDEN NAME (First, Middle, Last)			MOTHER'S MAIDEN NAME (First, Middle, Last)		
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:  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.			LAST RELATIONSHIP ENDED BY:  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.		
SOCIAL SECURITY # OF GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/SPOUSE		
OFFICIATOR'S NAME: (NAME & TITLE)					
OFFICIATOR'S PHONE NUMBER:					
COUPLE'S PHONE NUMBER & EMAIL:					

**\*\*\*\*\* You may apply for a Marriage License up to 65 days prior to your Marriage Ceremony. We need a valid government issued photo id as well as \$50 to complete the Marriage License. You can only obtain a license from the Town in which the Ceremony will take place. \*\*\*\*\***