TOWN OF WESTPORT

MARRIAGE LICENSE APPLICATION

Date applied:_____

GROOM/ SPOUSE ID___ Oath____ ***BRIDE/SPOUSE*** ID___ Oath___

GROOM/ SPOUSE	BRIDE/SPOUSE
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 / EDUCATION (No. Yrs. Completed): GRADES 1-8, GRADES 9-12, COLLEGE (1-5+)	BIRTHPLACE / EDUCATION (No. Yrs. Completed): 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 ☐ YES ☐ NO	RACE / SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO
FATHER'S FULL NAME	FATHER'S FULL 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 FULL MAIDEN NAME	MOTHER'S FULL MAIDEN NAME
NO. OF THIS MARRIAGE / NO. OF CIVIL UNIONS / IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐ MARRIAGE 2.☐ CIVIL UNION	NO. OF THIS MARRIAGE / NO. OF CIVIL UNIONS / IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐ MARRIAGE 2.☐ CIVIL UNION
LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐ DISSOLUTION 3.☐ ANNULMENT 4.☐ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER	LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐ DISSOLUTION 3.☐ ANNULMENT 4.☐ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER
SOCIAL SECURITY # OF GROOM/SPOUSE	SOCIAL SECURITY # OF BRIDE/SPOUSE

Date of Marriage — Phone No. where we can contact you

Location of Ceremony

Officiator's Name and Phone Number

For Office Use Only:

Date license issued:_____ Paid:_____ # of certified copies: _____

Address for copies (with Zip Code)_____Date copies mailed:_____

Date received for record:_____