



BUREAU OF VITAL STATISTICS
110 Myrtle Avenue
Westport, Connecticut 06880
APPLICATION FOR CIVIL UNION LICENSE

PARTY 1

NAME _____ SS# _____ AGE _____ SEX _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

ADDRESS _____

Father's Full Name _____ STATE OF BIRTH _____

Mother's Name W/Maiden Name: _____ STATE OF BIRTH _____

RACE _____ # YEARS OF EDUCATION _____ # OF THIS CIVIL UNION/MARRIAGE _____

If this is not your first civil union/marriage please indicate how the previous one ended:

DEATH DISSOLUTION DIVORCE ANNULMENT (PLEASE SELECT ONE)

PARTY 2

NAME _____ SS# _____ AGE _____ SEX _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

ADDRESS _____

Father's Full Name _____ STATE OF BIRTH _____

Mother's Name W/Maiden Name _____ STATE OF BIRTH _____

RACE _____ # YEARS OF EDUCATION _____ # OF THIS CIVIL UNION/MARRIAGE _____

If this is not your first civil union/marriage please indicate how the previous one ended:

DEATH DISSOLUTION DIVORCE ANNULMENT (PLEASE SELECT ONE)

DATE OF UPCOMING CEREMONY _____ PLACE _____

TELEPHONE # WHERE WE CAN REACH YOU _____

PERSON PERFORMING THE CEREMONY _____ TEL # _____