



CITY OF TORRINGTON MARRIAGE LICENSE WORKSHEET

CITY CLERK'S OFFICE
140 Main Street • City Hall
Torrington, CT 06790-5245
(860) 489-2236
Fax: (860) 489-2548

Date of Marriage:				Today's Date:			
Groom's Name: First Middle Last			Age		Social Security No.		
Birthplace: (state or foreign country)		Date of Birth: (month/day/year)		Address: (number and street)			
City or Town:		County:		State:		Under Supervision or Control of Guardian or Conservator ?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's Name:				Birthplace: (state or foreign country)			
Mother's Maiden Name:				Birthplace: (state or foreign country)			
Race:	No. of This Marriage:	If Previously married, Last Marriage Ended by:			Education: (No. of years completed)		
		Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Elementary	High School College	
Bride's Name: First Middle Last			Age		Social Security No.		
Birthplace: (state or foreign country)		Date of Birth: (month/day/year)		Address: (number and street)			
City or Town:		County:		State:		Under Supervision or Control of Guardian or Conservator ?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's Name:				Birthplace: (state or foreign country)			
Mother's Maiden Name:				Birthplace: (state or foreign country)			
Race:	No. of This Marriage:	If Previously married, Last Marriage Ended by:			Education: (No. of years completed)		
		Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Elementary	High School College	
Town Where Marriage Will Occur:				Phone Number:			