

MARRIAGE LICENSE WORKSHEET

HAMPTON

BRIDE / GROOM / SPOUSE

BRIDE / GROOM / 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) | BIRTHPLACE | | EDUCATION (No. Yrs. Completed) |
| | | GRADES 1-8 | GRADES 9-12 | COLLEGE (1-5+) | 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 <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 | | |
| 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. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION | NO. OF THIS MARRIAGE | NO. OF CIVIL UNIONS | IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <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 BRIDE / GROOM / SPOUSE | | | SOCIAL SECURITY # OF BRIDE / GROOM / SPOUSE | | |
| PHONE # OF BRIDE / GROOM / SPOUSE | | TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED | | | |
| OFFICIATOR'S NAME | | OFFICIATOR'S ADDRESS | | OFFICIATOR'S PHONE # | |

NOTICE: AS OF OCTOBER 1, 2009, YOU CAN ONLY APPLY IN THE TOWN WHERE THE CEREMONY IS TAKING PLACE. THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION.

For Office Use Only

Date Applied: _____

Date Received for Record: _____

Date of Marriage: _____

Date License Issued: _____

Amount Paid: _____

COST IS \$50.00 CASH OR CHECK