

Town of Madison

Vital Statistics

Marriage License Worksheet

Office Use	
Madison License # _____	
License Paid: Cash Amount: _____	Check Amount: _____ #CC Ordered: _____
Date Applied: _____	Date Issued: _____ Signatures: _____
Send Certified Copies to: _____	Mailed / Picked Up Date: _____

Please complete ALL fields below.

Date of Marriage: _____ Telephone # To Reach You: _____

Town Where Ceremony Will Be Performed: _____

Information Regarding Person Performing Ceremony:

Name	Title	Address	Telephone #
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GROOM/ SPOUSE

BRIDE/ SPOUSE

NAME (First) (Middle) (Last)				NAME (First) (Middle) (Last)			
1. _____		2. _____		22. _____		23. _____	
SEX	DATE OF BIRTH (Mo., Day, Year)	AGE		SEX	DATE OF BIRTH (Mo., Day, Year)	AGE	
2. _____	3. _____	4. _____		23. _____	24. _____	25. _____	
BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Yrs. Completed)		BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Yrs. Completed)	
5. _____		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	26. _____		27. _____
RESIDENCE (No. and Street)		6. _____	7. _____	8. _____	RESIDENCE (No. and Street)		28. _____
9. _____		30. _____		30. _____		30. _____	
CITY OR TOWN	COUNTY	STATE		CITY OR TOWN	COUNTY	STATE	
10. _____	11. _____	12. _____		31. _____	32. _____	33. _____	
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR			RACE	SUPERVISION OR CONTROL BY GUARDIAN OR		
13. _____	14. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			34. _____	35. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER'S NAME (First, Last)				FATHER'S NAME (First, Last)			
15. _____				36. _____			
MOTHER'S MAIDEN NAME (First, Last)				MOTHER'S MAIDEN NAME (First, Last)			
16. _____				37. _____			
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)	
17. _____		18. _____		38. _____		39. _____	
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	21a. 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	42a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	
19. _____	20. _____			40. _____	41. _____		
21b. 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				42b. 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			
65. _____				66. _____			

**LICENSES CANNOT BE PROCESSED AFTER 3:15 PM
PLEASE PLAN ACCORDINGLY**