



TOWN OF KILLINGLY

OFFICE OF THE TOWN CLERK

172 Main Street

Killingly, CT 06239

Tel: 860-779-5300, ext. 3 Fax: 860 779-5316

MARRIAGE LICENSE APPLICATION GUIDELINES

Effective October 1, 2009, you may only apply for a marriage license in the town in which the ceremony will be performed.

The fee for a marriage license is \$50.00. You may choose to pre-pay for a certified copy (\$20.00) to be sent to you once the original is received by this office. Both parties must be present to sign the license and must provide photo ID to the Town Clerk. You may pay by cash, money order, or a check from a local bank, made payable to **the Town of Killingly**.

** For applicants who are under 18 years of age, a notarized affidavit from both parents, granting their child permission to marry, is required. For those applicants who are under 16 years of age, a consent form must be granted by the Judge of Probate. **

No credit/debit cards are accepted at this time.

Once issued, the license is valid for only 65 days from the date of issue.

We ask that you please come into the office no later than 30 minutes before close of business when applying for a marriage license. You may download and complete the Marriage License Application Worksheet.

If you have any questions regarding the marriage license guidelines, please contact us at (860) 779-5307.

Thank you!

Visit us at: www.Killingly.org

This institution is an equal opportunity provider and employer.

State of Connecticut

01/22 This form
may be reproduced

by the local registrar's
office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

SPOUSE ONE				SPOUSE TWO									
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+)				GRADE S 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	
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO						SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO							
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)							
FATHER/PARENT BIRTHPLACE State or Foreign Country)			MOTHER/PARENT BIRTHPLACE (State or Foreign Country)			FATHER/PARENT BIRTHPLACE (State or Foreign Country)			MOTHER/PARENT BIRTHPLACE (State or Foreign Country)				
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)							
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS				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						1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION					
LAST RELATIONSHIP ENDED BY:						LAST RELATIONSHIP ENDED BY:							
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT						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						4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER							
SOCIAL SECURITY # SPOUSE ONE						SOCIAL SECURITY # OF SPOUSE TWO							

BOXES BELOW ARE FOR OFFICE USE.

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OFFICIATOR'S NAME (FIRST) (LAST)		TELEPHONE NUMBER / E-MAIL ADDRESS OF BRIDE/GROOM/SPOUSE:	
OFFICIATOR'S ADDRESS		IDENTIFICATION:	DATE LICENSE RECEIVED:
LOCATION WHERE MARRIAGE CEREMONY WILL BE PERFORMED:		OATH GIVEN:	# OF CC'S REQUESTED (\$20 EACH):
APPLICATION DATE:	DATE OF MARRIAGE CEREMONY:	SIGNATURES:	DATE CC'S MAILED:
EXPIRATION DATE (65 DAYS):	ISSUE DATE:	AMOUNT OF FEE PAID	MAILING ADDRESS FOR CC'S: