

DATE OF APPLICATION _____ DATE OF MARRIAGE _____

PHONE NUMBER _____ FEE PAID _____

State of Connecticut

10/08 This form may be reproduced

by the local registrar's office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

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+)				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'S NAME						FATHER'S NAME									
First		Middle		Last		First		Middle		Last					
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 MAIDEN NAME						MOTHER'S MAIDEN NAME									
First		Middle		Last (Maiden)		First		Middle		Last (Maiden)					
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 # OF BRIDE/GROOM/SPOUSE						SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE									

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST)	(LAST)
OFFICIATOR'S ADDRESS	OFFICIATOR'S PHONE NUMBER
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:	