

**State of Connecticut
Department of Public Health
MARRIAGE LICENSE WORKSHEET**

11/08 This form may be
reproduced by the local
registrar's office

<u>BRIDE/ GROOM/ SPOUSE</u>				<u>BRIDE/ GROOM/ SPOUSE</u>			
NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)				
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE				
BIRTHPLACE		EDUCATION (No. Yrs. Completed)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)	
		GRADES 1-8	GRADES 9-12			GRADES 1-8	GRADES 9-12
		COLLEGE (1-5+)				COLLEGE (1-5+)	
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)			
CITY OR TOWN		COUNTY		CITY OR TOWN		COUNTY	
		STATE				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 NAME				FATHER'S 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 MAIDEN NAME				MOTHER'S 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			
<u>OFFICIATOR INFORMATION</u>							
OFFICIATOR'S NAME (FIRST) (LAST)							
OFFICIATOR'S ADDRESS							
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:							

Office Use Only

1. Signature & Oath:			Send # _____ Certified Copies to:	
2. Paid by:	Cash _____	Check _____		
3. Date Applied:				
4. Date Paid:				
5. Amount Paid:	\$ _____			
6. ID Verified:			Date Received:	
7. Contact Phone #:			Date Sent:	
			Initials:	