

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

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

<i>BRIDE/ GROOM/ SPOUSE</i>						<i>BRIDE/ GROOM/ SPOUSE</i>					
NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)			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 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 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: