

State of Connecticut

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office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

GROOM/ SPOUSE

BRIDE/ 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 (# Yrs. Completed)	BIRTHPLACE		EDUCATION (# 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 FULL NAME			FATHER'S FULL 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 FULL NAME MAIDEN			MOTHER'S FULL NAME MAIDEN		
# OF THIS MARRIAGE	# OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	# OF THIS MARRIAGE	# 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		
GROOM/SPOUSE SOCIAL SECURITY #			BRIDE/SPOUSE SOCIAL SECURITY #		

OFFICIATOR INFORMATION (PLEASE COMPLETE BELOW ENTIRELY)

OFFICIATOR'S NAME (FIRST)	OFFICIATOR'S NAME (LAST)
OFFICIATOR'S ADDRESS	OFFICIATOR'S PHONE #
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:	DATE OF MARRIAGE
GROOM/SPOUSE PHONE #	BRIDE/SPOUSE PHONE #