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 (No. Yrs. Completed) GRADES 1-8 / GRADES 9-12 / COLLEGE (1-5+)	BIRTHPLACE	EDUCATION (No. Yrs. Completed) 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 ☐ YES ☐ NO	RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ 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 FULL MAIDEN NAME	MOTHER'S FULL MAIDEN NAME

NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐MARRIAGE 2.☐CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐ MARRIAGE 2.☐ CIVIL UNION

LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐DISSOLUTION 3.☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER	LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐DISSOLUTION 3.☐ ANNULMENT 4.☐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

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

Date Applied   **Date of Marriage**   **Date License Returned**