

State of Connecticut

6/10 This form
may be reproduced
by the local registrar's
office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

GROOM/SPOUSE

BRIDE/SPOUSE

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)				
SEX	DATE OF BIRTH (Month, Day, Year)	AGE	SEX	DATE OF BIRTH (Month, Day, Year)	AGE		
BIRTHPLACE (State or Foreign Country)	EDUCATION (No. Yrs. Completed)			BIRTHPLACE (State or Foreign Country)	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 FULL NAME			FATHER'S FULL NAME				
MOTHER'S FULL MAIDEN NAME			MOTHER'S FULL MAIDEN 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)		
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 GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/SPOUSE				

HOME/CELLULAR PHONE NUMBER OF BRIDE/GROOM/SPOUSE

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST) (LAST)

OFFICIATOR'S ADDRESS:

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

OFFICIATOR'S PHONE NUMBER: