

State of Connecticut

01/09 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 (Mo., Day, Year)	AGE	SEX	DATE OF BIRTH (Mo., Day, Year)	AGE
BIRTHPLACE (State / Foreign Country)		EDUCATION (No. Yrs. Completed) GRADES 1-8 GRADES 9-12 COLLEGE (1-5+)	BIRTHPLACE (State/Foreign Country)		EDUCATION (No. Yrs. Completed) GRADE S 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		
MOTHER'S MAIDEN NAME			MOTHER'S 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		
OFFICIATOR'S NAME (FIRST)		(LAST)	(TITLE)		
OFFICIATOR'S ADDRESS/PHONE:					
DATE OF CEREMONY:			TOWN WHERE CEREMONY WILL BE PERFORMED:		
# OF CERT. COPIES REQUESTED:		MAIL TO:	MAILED:		
PHONE NUMBER FOR BRIDE/GROOM/SPOUSE:					