

**State of Connecticut**

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office

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

Date Applied \_\_\_\_\_  
Fee \_\_\_\_\_  
Certified Copy \_\_\_\_\_  
Returned \_\_\_\_\_

**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. Years Completed)		BIRTHPLACE (State or Foreign Country)	EDUCATION (No. Years Completed)			
	GRADES (1-8)	GRADES (9-12)		COLLEGE (1-5+)	GRADES (1-8)	GRADES (9-12)	COLLEGE (1-5+)
	RESIDENCE (Number and Street)			RESIDENCE (Number and Street)			
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN	COUNTY	STATE		
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			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							
<b><u>OFFICIATOR INFORMATION</u></b>							
OFFICIATOR'S NAME (FIRST)		OFFICIATOR'S NAME (LAST)					
OFFICIATOR'S ADDRESS (NUMBER AND STREET)		OFFICIATOR'S ADDRESS (TOWN)		OFFICIATOR'S ADDRESS (STATE)			
OFFICIATOR'S PHONE NUMBER							
DATE WHICH CEREMONY WILL BE PERFORMED							