

Date of Marriage: _____
 Town where marriage will be performed: _____

Contact Phone # _____

State of Connecticut

10/08 This form
 may be reproduced
 by the local registrar's
 office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

BRIDE/GROOM/SPOUSE

BRIDE/GROOM/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)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)			
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)			GRADE S 1-8	GRADES 9-12	COLLEGE (1-5+)
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)						
CITY OR TOWN		COUNTY	STATE / Zip	CITY OR TOWN		COUNTY	STATE / Zip		
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						
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 MAIDEN NAME			MOTHER'S MAIDEN NAME						
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 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:	

Address to Return Certified copy: _____

