

State of Connecticut

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office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

SPOUSE ONE***SPOUSE TWO***

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 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+)			GRADE 1-8
							GRADES 9-12
							COLLEGE (1-5+)
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)			
CITY OR TOWN		COUNTY		CITY OR TOWN		COUNTY	
		STATE				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/PARENT FULL NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				FATHER/PARENT FULL NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			
FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)		FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	
MOTHER/PARENT FULL NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				MOTHER/PARENT FULL NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			
NO. OF THIS MARRIAGE		NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS		NO. OF THIS MARRIAGE		NO. OF CIVIL UNIONS
			1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION				
							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 # SPOUSE ONE				SOCIAL SECURITY # OF SPOUSE TWO			
PLACE OF CEREMONY:				PHONE # BRIDE/GROOM/SPOUSE:			
OFFICIATOR'S NAME				OFFICIATOR PHONE #			
<i>FOR OFFICE USE ONLY</i>							
DATE OF MARRIAGE				DATE APPLIED:			
DATE LICENSE ISSUED:				DATE RECEIVED FOR RECORD:			