**State of Connecticut**

07/10 - This form may be reproduced by the local registrar's office.

## Department of Public Health

# MARRIAGE LICENSE WORKSHEET

### *GROOM / SPOUSE*

| | | | |
|---|---|---|---|
| NAME (First) (Middle) (Last) | | | |
| SEX | DATE OF BIRTH (Month, Day, Year) | | AGE |
| BIRTHPLACE | EDUCATION (No. Yrs. Completed) GRADES 1-8 | GRADES 9-12 | COLLEGE (1-5+) |
| RESIDENCE (No. and Street) | | | |
| CITY OR TOWN | COUNTY | | STATE |
| RACE | SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO | | |
| FATHER'S NAME | | | |
| MOTHER'S FIRST & MAIDEN NAME | | | |
| 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.☐MARRIAGE 2.☐CIVIL UNION | |
| LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐DISSOLUTION 3.☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | | | |
| SS# | | | |

### *BRIDE / SPOUSE*

| | | | |
|---|---|---|---|
| NAME (First) (Middle) (Last) | | | |
| SEX | DATE OF BIRTH (Month, Day, Year) | | AGE |
| BIRTHPLACE | EDUCATION (No. Yrs. Completed) GRADE S 1-8 | GRADES 9-12 | COLLEGE (1-5+) |
| RESIDENCE (No. and Street) | | | |
| CITY OR TOWN | COUNTY | | STATE |
| RACE | SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO | | |
| FATHER'S NAME | | | |
| MOTHER'S FIRST & MAIDEN NAME | | | |
| 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.☐ MARRIAGE 2.☐ CIVIL UNION | |
| LAST RELATIONSHIP ENDED BY: 1. ☐ DEATH 2.☐DISSOLUTION 3. ☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | | | |
| SS# | | | |

BOXES BELOW ARE FOR OFFICE USE.

| | | | |
|---|---|---|---|
| OFFICIATOR'S NAME (FIRST) (LAST) | | TELEPHONE NUMBER / E-MAIL ADDRESS OF BRIDE/GROOM/SPOUSE: | |
| OFFICIATOR'S ADDRESS | | IDENTIFICATION: | DATE LICENSE RECEIVED: |
| LOCATION WHERE MARRIAGE CEREMONY WILL BE PERFORMED: | | OATH GIVEN: | # OF CC'S REQUESTED ($20 EACH): |
| APPLICATION DATE: | DATE OF MARRIAGE CEREMONY: | SIGNATURES: | DATE CC'S MAILED: |
| EXPIRATION DATE (65 DAYS): | ISSUE DATE: | AMOUNT OF FEE PAID | MAILING ADDRESS FOR CC'S: |

BOXES BELOW ARE FOR OFFICE USE.