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) ((Mid	liddle) (Last)					
SEX DATE OF BIRTI	DATE OF BIRTH (Mo., Day, Year)		SEX DATE OF BIRTH (N		E OF BIRTH (Mo.	o., Day, Year)		A	AGE		
BIRTHPLACE EDUCATION (No. Yrs. Completed) GRADES GRADES COLLEGE (1-			BIRTHPLACE EDUCATION (No. Yrs. Completed) GRADE GRADES COLLEGE (1-5+)								
	1-8	9-12 5+)						GRADES 9-12	COLLEGE (1-5+)		
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)								
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN					STATE			
	OR CONTROL BY CONSERVATOR NO	SUPERVISION GUARDIAN O YES					OR CON				
FATHER'S NAME				FATHER'S NAME							
FATHER'S BIRTHPLACE (State or Foreign Country) MOTHER'S BIRTHPLACE (Foreign Country)			FATHER'S BIRTHPLACE (State or Foreign Country) MOTHER'S BIRTHPLACE (State or Foreign Country)								
MOTHER'S FULL MAIDEN NAME			MOTHER'S FULL MAIDEN NAME								
NO. OF THIS NO. OF MARRIAGE UNIONS	CIVIL UNION, LA	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS			O. OF THIS NO. OF CIVIL IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS						
	1.□MARRIAGE	2.□CIVIL UNION	1. ☐ MARRIAGE 2. ☐ CIVIL UNION				CIVIL UNION				
LAST RELATIONSHIP ENDED BY:				LAST RELATIONSHIP ENDED BY:							
1. ☐ DEATH 2. ☐ DISSOLUTION 3. ☐ ANNULMENT				1. DEATH 2. DISSOLUTION 3. ANNULMENT							
4. ☐ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				4. ☐ 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:											