

State of Connecticut

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office

Department of Public Health

MARRIAGE LICENSE WORKSHEET

<i>SPOUSE ONE</i>					<i>SPOUSE TWO</i>						
NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)			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		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/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						FATHER/PARENT 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 NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						MOTHER/PARENT 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	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS			
		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:						LAST RELATIONSHIP ENDED BY:					
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT						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						4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					
SOCIAL SECURITY # SPOUSE ONE						SOCIAL SECURITY # OF SPOUSE TWO					

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST) (LAST)
OFFICIATOR'S ADDRESS OFFICIATOR'S PHONE NUMBER
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

DATE OF WEDDING: _____

WEDDING COUPLE'S PHONE NUMBER: _____

EMAIL ADDRESS: _____