

State of Connecticut

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office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

<u>SPOUSE ONE</u>					<u>SPOUSE TWO</u>				
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 O 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 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 # SPOUSE ONE					SOCIAL SECURITY # OF SPOUSE TWO				
<u>OFFICIATOR INFORMATION</u>									
OFFICIATOR'S NAME (FIRST) (LAST)									
OFFICIATOR'S ADDRESS									
WHERE MARRIAGE CEREMONY WILL BE PERFORMED:									

Date of Marriage:

Phone #