

**State of Connecticut**

10/08 This form  
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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) (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)
		GRAD ES 1-8	GRAD ES 1-8	GRAD ES 9-12	COLLEGE (1-5+)
		GRAD ES 1-8	GRAD ES 9-12	COLLEGE (1-5+)	
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN	COUNTY	STATE
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO		RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO	
FATHER'S NAME			FATHER'S NAME		
FATHER'S BIRTHPLACE (State O or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)	FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)
MOTHER'S MAIDEN NAME			MOTHER'S MAIDEN NAME		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.MARRIAGE 2.CIVIL UNION	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			LAST RELATIONSHIP ENDED BY: 1. DEATH 2.DISSOLUTION 3. ANNULMENT 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:		