State of Connecticut

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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	X DATE OF BIRTH (Mo., Day, Year) AGE			SEX	SEX DATE OF BIRTH (Mo., Day, Year) AGE					GE	
BIRTHPLACE		GRADES K	N (No. Yrs. Completed) GRADES COLLEGE (1- 1-12 5+)	BIRTHPL	ACE		G	RADE	N (No. Yrs. GRADES 9-12	Completed) COLLEGE (1-5+)	
RESIDENCE (No. and Street)					RESIDENCE (No. and Street)						
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN			COUNTY			STATE	
RACE	*****	SUPERVISION OF GUARDIAN OR C	RACE			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR					
FATHER'S NAME					FATHER'S NAME						
FATHER'S BIRTH or Foreign Country		MOTHER'S BIRTHI 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 CIVIL UNION, LAS RELATIONSHIP W	NO. OF THIS NO. OF CIVIL MARRIAGE UNIONS			IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS					
		1.□MARRIAGE 2.	CIVIL UNION	1.☐ MARRIAG				E 2.□ C	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 I	NFORMATIO	<u>v</u>									
OFFICIATOR'S NAME	(Fir	(LAST)									
OFFICIATOR'S ADDR	ESS						·				
TOWN WHERE MARI	RIAGE CEREMONY V	VILL BE PERFORMED;	(A)								