

Today's Date _____

Prepaid CC's? Yes No
Quantity _____

State of Connecticut

01/22 This form
may be reproduced
by the local registrar's
office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

SPOUSE ONE

SPOUSE TWO

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	
		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)	
FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/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)		
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
		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		
Spouse One Phone #:			Spouse Two Phone #:		
SOCIAL SECURITY # SPOUSE ONE			SOCIAL SECURITY # OF SPOUSE TWO		

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST)	(LAST)
OFFICIATOR'S ADDRESS	OFFICIATOR'S PHONE #
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:	Date of Marriage: