State of Connecticut

10/08 This form may be reproduced 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) GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	BIRTHPLACE	EDUCATION (No. Yrs. Completed) GRADES 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	
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 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:		