State of Connecticut

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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	DAT	TE OF BIRTH (Mo., Day, Year) AGE			Ε	
BIRTHPLACE EDUCATION (No. Yrs. Completed) GRADES GRADES COLLEGE (1-						BIRTHPL	_ACE		EDUCATION GRADE GI	(No. Yrs. 0	Completed)	
				1-8 9-1						12	COLLEGE (1-5+)	
RESIDENCE (No. and Street)							RESIDENCE (No. and Street)					
CITY OF	R TOWN		COUNT	Υ	STATE	CITY OR	TOW	V	COUNTY		STATE	
RACE			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO			RACE	RACE			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO		
FATHER'S NAME							FATHER'S NAME					
			MOTHER'S BIRTHPLACE (State or Foreign Country)			FATHER' or Foreigr	FATHER'S BIRTHPLACE (State or Foreign Country) MOTHER'S BIRTHPLACE (State or Foreign Country)				CE (State or	
MOTHER'S MAIDEN NAME							MOTHER'S MAIDEN NAME					
	O. OF THIS NO. OF CIVIL ARRIAGE UNIONS			IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS			MARRIAGE UNIONS OR CIV			EVIOUSLY IN MARRIAGE VIL UNION, LAST TIONSHIP WAS		
				RRIAGE 2.	CIVIL UNION				1.□ MARRIAGE	2. C	IVIL 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	SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE					
OFFICIATOR INFORMATION												
OFFICIATOR'S NAME (FIRST)							(LAST)					
Officiator's Address												
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:												