State of Connecticut Department of Public Health

MARRIAGE LICENSE WORKSHEET

BRIDE/ GROOM/ SPOUSE

BRIDE/ GROOM SPOUSE

NAME (First)	(Middle)	(Last)	NAME (Last)	(Fir	st)			(Middle)	
								_		
SEX DATE			SEX	X DATE OF BIRTH (Mo., Day, Year) AGE			E			
BIRTHPLACE EDUCATION (I GRADES GRA) 1-8 9-12		o. Yrs. Completed) DES COLLEGE (1-5+)	BIRTHPLACE EDUCATION GRADE S 1-8				DES	ompleted) COLLEGE (1-5+)		
RESIDENCE (No. and Street)					RESIDENCE (No. and Street)					
CITY OR TOWN		COUNTY STATE		CITY OR TOWN			COUNTY		STATE	
GU		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO		RACE			SUPERVISION OR CONTROLBY GUARDIAN OR CONSERVATOR YES NO			
FATHER'S NAME					FATHER'S NAME					
MOTHER'S MAIDEN NAME				MOTHER'S MAIDEN 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)							
	NO. OF CIVIL UNIONS	21a. IF PREVIOUSLY OR CIVIL UNION, LA RELATIONSHIP WAS		NO. OF THIS NO. OF CIVIL 42a. IFPREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS						
		1. MARRIAGE 2.	CIVIL UNION				1. MARRIAGE 2	CI	VIL 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 INFORMATION										
OFFICIATOR'S NAME (FIRST)				(LAST)						
OFFICIATOR'S ADDRESS										
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:										