

File #: _____

State of Connecticut
Department of Public Health
MARRIAGE LICENSE WORKSHEET



Town of Marriage: _____ Date Applied: _____

(NOTICE: AS OF OCTOBER 1, 2009 YOU CAN ONLY APPLY IN THE TOWN WHERE THE CEREMONY IS TAKING PLACE)

GROOM/ SPOUSE

ID Shown

BRIDE/ SPOUSE

ID Shown

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 (State or Foreign Country)	EDUCATION (No. Yrs. Completed)			BIRTHPLACE (State or Foreign Country)	EDUCATION (No. Yrs. Completed)		
	GRADES (1-8)	GRADES (9-12)	COLLEGE (1-5+)		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 <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
FATHER'S FULL NAME			FATHER'S FULL NAME				
MOTHER'S FULL NAME INCL. MAIDEN NAME			MOTHER'S FULL NAME INCL. 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 THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION		
LAST RELATIONSHIP ENDED BY: 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			LAST RELATIONSHIP ENDED BY: 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				
SOCIAL SECURITY # OF GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/SPOUSE				

PHONE NUMBER WHERE BRIDE OR GROOM CAN BE REACHED INCASE OF ANY QUESTIONS: