

State of Connecticut
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) Grades 1-8 Grades 9-12 College (1-5+) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		BIRTHPLACE	EDUCATION (No. Yrs. Completed) Grades 1-8 Grades 9-12 College (1-5+) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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 <u>Circle one:</u> YES NO			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <u>Circle one:</u> YES 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)	MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	
MOTHER/PARENT NAME (WITH LAST NAME PRIOR TO 1 ST MARRIAGE)			MOTHER/PARENT NAME (WITH LAST NAME PRIOR TO 1 ST MARRIAGE)		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS: (<u>CIRCLE ONE</u>) 1. MARRIAGE 2. CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS: (<u>CIRCLE ONE</u>) 1. MARRIAGE 2. CIVIL UNION
LAST RELATIONSHIP ENDED BY: (<u>CIRCLE ONE</u>) 1. DEATH 2. DISSOLUTION 3. ANNULMENT 4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			LAST RELATIONSHIP ENDED BY: (<u>CIRCLE ONE</u>) 1. DEATH 2. DISSOLUTION 3. ANNULMENT 4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # SPOUSE ONE			SOCIAL SECURITY # OF SPOUSE TWO		
<u>Location of Marriage Ceremony:</u>			<u>Date of Wedding:</u>		
OFFICIATOR'S NAME (FIRST) (LAST) (TITLE)					
OFFICIATOR'S ADDRESS			OFFICIATOR'S PHONE		
SPOUSE ONE PHONE:			SPOUSE TWO PHONE:		
#Cert Copies requested (\$20 each):		Address to mail to:	Date Mailed:		