

State of Connecticut

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office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

<u>SPOUSE ONE</u>					<u>SPOUSE TWO</u>						
NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)			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)			BIRTHPLACE			EDUCATION (No. Yrs. Completed)		
			GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)				GRADE S 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		
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO					SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO						
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)					FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						
FATHER/PARENT BIRTHPLACE <small>(State or Foreign Country)</small>		MOTHER/PARENT BIRTHPLACE <small>(State or Foreign Country)</small>			FATHER/PARENT BIRTHPLACE <small>(State or Foreign Country)</small>		MOTHER/PARENT BIRTHPLACE <small>(State or Foreign Country)</small>				
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)					MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS			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					1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION				
LAST RELATIONSHIP ENDED BY:					LAST RELATIONSHIP ENDED BY:						
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT					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					4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER						
SOCIAL SECURITY # SPOUSE ONE					SOCIAL SECURITY # OF SPOUSE TWO						

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST) (LAST)
OFFICIATOR'S ADDRESS
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

DATE OF MARRIAGE: _____
PHONE NUMBER: _____

ISSUED DATE: _____
LICENSE EXP DATE: _____