State of Connecticut

10/08 This form may be reproduced by the local registrar's office

Department of Public Health

MARRIAGE LICENSE WORKSHEET

BRIDE/ GROOM/ SPOUSE

NAME (First) (Middle) (Last)			
SEX	DATE OF BIRTH (Mo., Day, Year)	AGE	
BIRTHPLACE	EDUCATION (No. Yrs. Completed) GRADES 1-8 / GRADES 9-12 / COLLEGE (1-5+)		
RESIDENCE (No. and Street)			
CITY OR TOWN	COUNTY	STATE	
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO		
FATHER'S NAME			
FATHER'S BIRTHPLACE (State or Foreign Country)	MOTHER'S BIRTHPLACE (State or Foreign Country)		
MOTHER'S MAIDEN NAME			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐MARRIAGE 2.☐CIVIL UNION	
LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐DISSOLUTION 3.☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE			

BRIDE/ GROOM/ SPOUSE

NAME (First) (Middle) (Last)			
SEX	DATE OF BIRTH (Mo., Day, Year)	AGE	
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FATHER'S NAME			
FATHER'S BIRTHPLACE (State or Foreign Country)	MOTHER'S BIRTHPLACE (State or Foreign Country)		
MOTHER'S MAIDEN NAME			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐ MARRIAGE 2.☐ CIVIL UNION	
LAST RELATIONSHIP ENDED BY: 1. ☐ DEATH 2.☐DISSOLUTION 3. ☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE			

OFFICIATOR INFORMATION

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