

DATE OF APPLICATION: _____	<b>STATE OF CONNECTICUT</b>									
<b>POMFRET MARRIAGE LICENSE WORKSHEET</b>										
<b>BRIDE/GROOM/SPOUSE</b>				<b>BRIDE/GROOM/SPOUSE</b>						
NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)							
SEX	DATE OF BIRTH (Month/Day/Year)		AGE	SEX	DATE OF BIRTH (Month/Day/Year)		AGE			
BIRTHPLACE-Town & State			EDUCATION (No. Yrs Completed)			BIRTHPLACE-Town & State	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			STATE	ZIP CODE		CITY OR TOWN		STATE	ZIP CODE	
COUNTY			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR			COUNTY		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		
			YES <input type="checkbox"/>	NO <input type="checkbox"/>				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
FATHER'S NAME (First, Middle, Last)				FATHER'S NAME (First, Middle, Last)						
MOTHER'S NAME (First, Middle, Maiden Name)				MOTHER'S NAME (First, Middle, Maiden Name)						
FATHER'S BIRTHPLACE ( State or Foreign Country)				FATHER'S BIRTHPLACE ( State or Foreign Country)						
MOTHER'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:		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS:				
		<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION				<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION				
LAST RELATIONSHIP ENDED BY:				LAST RELATIONSHIP ENDED BY:						
<input type="checkbox"/> DEATH	<input type="checkbox"/> DISSOLUTION	<input type="checkbox"/> ANNULMENT		<input type="checkbox"/> DEATH	<input type="checkbox"/> DISSOLUTION	<input type="checkbox"/> ANNULMENT				
<input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				<input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER						
SOCIAL SECURITY NUMBER OF BRIDE/GROOM/SPOUSE				SOCIAL SECURITY NUMBER OF BRIDE/GROOM/SPOUSE						
<b>OFFICIATOR INFORMATION</b>										
Officiator 's Name (First)			Officiator 's Name (Last)							
Officiator's Address						Officiator's Phone Number				
TOWN & ADDRESS OF MARRIAGE				PROPOSED DATE OF MARRIAGE						
HOW MANY CERTIFIED COPIES				PHONE NUMBER OF BRIDE OR GROOM						