

State of Connecticut

10/08 This form
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office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

BRIDE/ GROOM/ SPOUSE

BRIDE/ GROOM/ SPOUSE

| | | | | | |
|--|---|---|--|---|---|
| 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 |
| 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 NAME | | | FATHER'S 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) |
| MOTHER'S MAIDEN NAME | | | MOTHER'S MAIDEN NAME | | |
| 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 BRIDE/GROOM/SPOUSE | | | SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE | | |
| <u>OFFICIATOR INFORMATION</u> | | | | | |
| OFFICIATOR'S NAME (FIRST) | | | OFFICIATOR'S NAME (LAST) | | |
| OFFICIATOR'S ADDRESS | | | | | |
| TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: | | | | | |