

State of Connecticut
Department of Public Health

MARRIAGE LICENSE WORKSHEET

GROOM/ SPOUSE

BRIDE / 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					
MOTHER'S MAIDEN NAME & First Name						MOTHER'S MAIDEN NAME & First 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)		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	21a. 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	42a. 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					
OFFICIATOR INFORMATION											
OFFICIATOR'S NAME (FIRST)						OFFICIATOR'S NAME (LAST)					
Officiator's Phone #											
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: WATERFORD											

Groom/Bride cell or home phone # _____ / _____