State of Connecticut

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office

Department of Public Health

MARRIAGE LICENSE WORKSHEET

SPOUSE ONE	*SPOUSE TWO*

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) GRADES 1-8 / GRADES 9-12 / COLLEGE (1-5+)	BIRTHPLACE	EDUCATION (No. Yrs. Completed) 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 ☐ YES ☐ NO	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO

FATHER/PARENT NAME (NAME PRIOR TO FIRST MARRIAGE)	FATHER/PARENT NAME (NAME PRIOR TO FIRST MARRIAGE)

FATHER/PARENT BIRTHPLACE (State O or Foreign Country)	MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	FATHER/PARENT BIRTHPLACE (State or Foreign Country)	MOTHER/PARENT BIRTHPLACE (State or Foreign Country)

MOTHER/PARENT NAME (NAME PRIOR TO FIRST MARRIAGE)	MOTHER/PARENT NAME (NAME PRIOR TO FIRST MARRIAGE)

NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐ MARRIAGE 2.☐ CIVIL UNION	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	LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐ DISSOLUTION 3.☐ ANNULMENT 4.☐ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER

SOCIAL SECURITY # SPOUSE ONE	SOCIAL SECURITY # SPOUSE TWO

OFFICIATOR INFORMATION

OFFICIATOR'S NAME   (FIRST)   (LAST)

OFFICIATOR'S PHONE NUMBER:

SPOUSE 1 AND SPOUSE 2 PHONE NUMBERS: