

State of Connecticut

01/22 This form
may be reproduced
by the local registrar's
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)	
BIRTHPLACE		EDUCATION (No. Yrs. Completed)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)	
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)			GRADE S 1-8
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)			
CITY OR TOWN		COUNTY		STATE			
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO				SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				FATHER/PARENT NAME (LAST 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 (LAST NAME PRIOR TO FIRST MARRIAGE)				MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			
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 # SPOUSE ONE Provide at time of setting appointment				SOCIAL SECURITY # OF SPOUSE TWO Provide at time of setting appointment			
OFFICIATOR INFORMATION				----STOP----		DO NOT COMPLETE BELOW, OFFICE USE ONLY	
OFFICIATOR'S NAME (FIRST)				OFFICIATOR'S NAME (LAST)		Official Capacity:	
OFFICIATOR'S ADDRESS							
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:							

Appt. Date _____ Application Date _____

OFFICE USE ONLY

Date of Marriage _____ Lic. Exp _____

Date License Received: _____

ID _____ Oath _____ Signature _____ SAE _____

of Copies Requested: _____

Amt. of Fees \$ _____ Cash Check CC (\$50.00 License/\$20.00 Cert. Copy)

Phone# _____ Email _____

Marriage Cert. Mailed Date: _____