

State of Connecticut
 Department of Public Health
MARRIAGE LICENSE WORKSHEET

TOWN WHERE CEREMONY WILL TAKE PLACE: _____

GROOM/SPOUSE

BRIDE/SPOUSE

NAME (First)		(Middle)	(Last)
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth	Age
Birthplace		Education Grades 1-8 Grades 9-12 College (1-5+)	
Residence (No. and Street)			
Town		County	State
Race		Spervision or Control by Guardian or Conservator Yes <input type="checkbox"/> No <input type="checkbox"/>	
Father's Name			
Mother's Full Maiden Name			
Father's Birthplace <small>(State or Foreign Country)</small>		Mother's Birthplace <small>(State or Foreign Country)</small>	
No. of this marriage		No. of civil unions (same sex union)	
If previously in marriage or civil union, last relationship was:			
		<input type="checkbox"/> Marriage	<input type="checkbox"/> Civil Union
Last relationship ended by:			
<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		
Social Security Number			

NAME (First)		(Middle)	(Last)
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth	Age
Birthplace		Education Grades 1-8 Grades 9-12 College (1-5+)	
Residence (No. and Street)			
Town		County	State
Race		Spervision or Control by Guardian or Conservator Yes <input type="checkbox"/> No <input type="checkbox"/>	
Father's Name			
Mother's Full Maiden Name			
Father's Birthplace <small>(State or Foreign Country)</small>		Mother's Birthplace <small>(State or Foreign Country)</small>	
No. of this marriage		No. of civil unions (same sex union)	
If previously in marriage or civil union, last relationship was:			
		<input type="checkbox"/> Marriage	<input type="checkbox"/> Civil Union
Last relationship ended by:			
<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		
Social Security Number			

Name of person doing the ceremony: _____

Phone number of same: _____

Phone number(s) of couple: _____