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**State of Connecticut
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 GRADES COLLEGE 1-8 9-12 (1-5+)	BIRTHPLACE		EDUCATION (No. Yrs. Completed) GRADES GRADES COLLEGE 1-8 9-12 (1-5+)
RESIDENCE (No. and Street)		ZIP CODE	RESIDENCE (No. and Street)		ZIP CODE
CITY OR TOWN	COUNTY	STATE	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):		
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE):			MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE):		
FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	21a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	42a. 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 4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT 4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # OF SPOUSE ONE			SOCIAL SECURITY # OF SPOUSE TWO		
CONTACT PHONE #S OF COUPLE BEING MARRIED:					
OFFICIATOR'S NAME (FIRST) (LAST)					
OFFICIATOR'S PHONE NUMBER AND ADDRESS:					
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:			Name of Venue:		Date of Marriage: