Revised 12/29/2021 Today's Date:

01/09 This form may be reproduced by the local registrar office.

State of Connecticut Department of Public Health

Marriage License Worksheet

SPOUSE ONE

SPOUSE TWO

NAME (F	irst)	(Midd	(elk		(Last)	NAME (First)		(Middle)		(Last)		
SEX	SEX DATE OF BIRTH (Mo., Day, Y			Year) AGE		SEX	DA	TE OF BIRTH (N	Ио., Day,	AGE		
BIRTHPLACE EDUCATION (No. Yrs. Completed						BIRTHPLACE EDUCATION (No. Yrs. Completed					ON (No. Yrs. Completed)	
GRADES GRADES COLLEC						GRADES GRADES COLLE						
1-8 9-12 (1-5+)										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		STATE	
				SUPERVISION OR CONTROL BY			SUPERVISION OR CONTRO					
GUA				IAN OR CO	GUARDIAN OR (AN OR CO	NSERVATOR		
				YES NO							YES NO	
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE):							PARE	NT NAME (LAST	NAME F	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 MOTHER/PARENT BIRTHPLACE (State or Foreign Country)						FATHER/PARENT BIRTHPLACE MOTHER/PARENT BIRTHPLACE (State or Foreign Country) (State or Foreign Country)						
(Otate of Foliagi Country)				r oreign country)		(Clair of			or r oreign	Country)		
*** 5514.65				21a. IF PREVIOUSLY IN MARRIAGE			NO. OF THIS NO. OF CIVIL MARRIAGE UNIONS			42a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST		
IVIARRIAG	MARRIAGE UNIONS OR CIVIL UNI					MARRIA	RELATIONSHIP WAS_					
					П				1. M	ADDIACE	2. CIVIL UNION	
LAGERE		IOLUD ENDED D		RRIAGE 2.	CIVIL UNION					AKKIAGE	Z. CIVIL UNION	
LAST RELATIONSHIP ENDED BY:								ONSHIP ENDED]		
1 DEATH 2. DISSOLUTION 3. ANNULMENT						1 DEATH 2. DISSOLUTION 3. ANNULMENT						
4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER						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)												
OFFICIATOR'S PHONE NUMBER AND ADDRESS:												
TOWNING	UEDE N	MADDIACE OFF		VIII DE DE	DEODMED:	NI-	mo ot	Vanue		Data of *	Aorriggo:	
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: Name of Venue: Date of Marriage:												