Today's Date							
Prepaid CC's? Yes	No						
Quantity							

State of Connecticut

01/22 This form may be reproduced by the local registrar's office

Department of Public Health

pa. a			
MARRIAGE	LICENSE	WORKSHEE	ΞT
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SPOUSE ONE					<u>SPOUSE TWO</u>							
NAME ((First)	(Middl	e)		(Last)	NAME (First)	1	(Middle)		(Last)
SEX	DATE C	F BIRTH (Mo., C	ay, Year)		AC	GE	SEX	DAT	E OF BIRTH (Mo.,	Day, Year)	A	GE
mimmi ini A				LEDUCATION	/No Vo	a Camplated)	DIDTUDI	4.05		T EDITOATIO	ON (No. Yrs.	Completed
BIRTHPLA	ACE			EDUCATION GRADES GR 1-8 9-1	ADES	COLLEGE (1-	BIRTHPL	ACE		GRADE S 1-8	GRADES 9-12	COLLEGE (1-5+)
				JI-0 9-1	2	5+)				3 1-0	9-12	
RESIDENC	CE (No. a	and Street)					RESIDEN	ICE (N	lo. and Street)			
CITY OR T	TOWN		COUNT	TY STATE		CITY OR TOWN		COUNTY		STATE		
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO					ATOR	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO						
FATHER/P	PARENT	NAME (LAST NA	ME PRIC	OR TO FIRS	r Mai	RRIAGE)	FATHER/	PARE	NT NAME (LAST N	AME PRIOR	TO FIRS	MARRIAGE)
					a I ma brit	Int Lon	E . T. IE E .		IT DIDTI IN ACC	MOTHER!	DADENT	DIDTIES AGE
FATHER/F (State or F				R/PARENT E Foreign Co			FATHER/PARENT BIRTHPLACE MOTHER/PARENT BIRTHPLA (State or Foreign Country) (State or Foreign Country)					
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·												
MOTHER/	PARENT	NAME (LAST N	AME PR	IOR TO FIRS	ST MA	ARRIAGE)	MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)					
NO. OF THIS NO. OF CIVIL IF PREVIOUSLY IN MARRIAGE OR				NO. OF THIS NO. OF CIVIL IF PREVIOUSLY IN MARRIAGE MARRIAGE UNIONS OR CIVIL UNION, LAST								
MARRIAGI	RIAGE UNIONS CIVIL UNION, LAST RELATIONSHIP WAS			RELATIONSHIP WAS								
	ŀ		1.	RRIAGE 2.]civi	IL UNION				1. MARR	iAGE 2.[CIVIL UNION
LAST RELATIONSHIP ENDED BY:						LAST RELATIONSHIP ENDED BY:						
1.☐ DEATH 2.☐DISSOLUTION 3.☐ ANNULMENT					1. DEATH 2. DISSOLUTION 3. ANNULMENT							
4. ☐ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION				4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION								
PARTNER					PARTNER							
Spouse One Phone #:					Spouse Two Phone #:							
SOCIAL SECURITY #SPOUSE ONE				SOCIAL SECURITY # OF SPOUSE TWO								
OFFICIATOR INFORMATION												
OFFICIATOR	R'S NAME	(Fil	RST)				(LAST)				
OFFICIATOR'S ADDRESS OFFICIATOR'S PHONE #												
					SITIOIA							
TOWN WHE	RE MARR	IAGE CEREMONY	MILL BE PE	RFORMED:	<u>-</u> -							