State of Connecticut

07/10 - This form may be reproduced by the local registrar's office.

Department of Public Health MARRIAGE LICENSE WORKSHEET

GROOM / SPOUSE

BRIDE / SPOUSE

NAME (F	iret)	(Middle			(Last)	NAME	/Eiret\		(Middle	2)	(Last)	
INVINE (L	1131)	(ividuite)	7)		(Lasi)	INAME	(1 1131)		(IVIIGOIO	=)	(Last)	
SEX DATE OF BIRTH (Month, Day, Yea			ar) AGE		SEX	DATE OF BIRTH (Month, Day, Year)		, Year)	AGE			
DIDTUDI A	CE			EDUCATION (N	lo Vrs Completed)	DIDTUDI	ACE			EDUCATION (No.	Vre Completed)	
BIRTHPLACE EDUCATION (No. Yrs. Completed) GRADES GRADES COLLEGE (1-						ואומון	GRADE GRADES COLLEGE				S COLLEGE (1-	
				1-8 9-12	5+)					S 1-8 9-12	5+)	
RESIDENCE (No. and Street)							RESIDENCE (No. and Street)					
ZIP							ZIP					
CITY OR TOWN			COUNTY STATE			CITY OR TOWN			LCOUN	COUNTY STATE		
RACE			SUPERVISION OR CONTROL BY			RACE SUI			SUPF	JPERVISION OR CONTROL BY		
			GUARDIAN OR CONSERVATOR							ARDIAN OR CONSERVATOR		
•			YES NO							YES NO		
FATHER'S NAME						FATHER'S NAME						
MOTUS DIO SIDOT A MADELLA MA							LACTUSEN SIDES A AMADEMANAS					
MOTHER'S FIRST & MAIDEN NAME						MOTHER'S FIRST & MAIDEN NAME						
FATHER'S BIRTHPLACE (State or MOTHER'S BIRTHPLACE (State or						FATHER'S BIRTHPLACE (State or MOTHER'S BIRTHPLACE						
Foreign Country)				Foreign Country)			Foreign Country) (State or Foreign Country)					
NO. OF THIS NO. OF CIVIL IF PREVIOUSLY IN MARRIAGE OR						NO. OF		NO. OF CIVIL		EVIOUSLY IN M		
MARRIAGE				CIVIL UNION, LAST RELATIONSHIP WAS			MARRIAGE UNIONS OR CIVIL UNION, LAST RELATIONSHIP WAS					
							ļ	I NELA	HONSHIP WAS			
	1.□MARRIAGE 2.□CIVIL UNION					1. ☐ MARRIAGE 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						
										· · · · · · · · · · · · · · · · · · ·		
SS#						SS#						
BOXES BELOW ARE FOR OFFICE USE.							BOXES BELOW ARE FOR OFFICE USE.					
OFFICIATOR'S NAME (FIRST) (LAST)						TELEPHONE NUMBER / E-MAIL ADDRESS OF BRIDE/GROOM/SPOUSE:						
OEEICIATOD'S ADDRESS						Included the second sec						
OFFICIATOR'S ADDRESS						IDENTIFICATION: DATE LICENSE RECEIVED:						
LOCATION WHERE MARRIAGE CEREMONY WILL BE PERFORMED:						OATH GIVEN: # OF CC'S REQUESTED						
							(\$20 EACH):					
APPLICATION	N DATE:		DATE OF	MARRIAGE CI	EREMONY:	SIGNATUR	RES:	DAT	E CC'S MA	ILED:		
EXPIRATION DATE (65 DAYS):			ISSUE DATE:			AMOUNT OF FEE PAID MAILIN (\$30 + CC's):			ING ADDRESS FOR CC'S:			