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State of Connecticut Department of Public Health

Marriage License Worksheet

GROOM/ SPOUSE

BRIDE / SPOUSE

NAME (First)	(Middle))	(Last)	NAME	(Firs	st)		(Middle)	
• •	•		,	(Last)	,	,		·	
SEX DATE OF BIRTH (Mo., Day, Year) AGE				SEX	DATE	OF BIRTH (Mo.,	, Day, Year)	AGE	
BIRTHPLACE		GRADES GRA	lo. Yrs. Completed) DES COLLEGE (1-	BIRTHPL	ACE		GRADE GRAD	. Yrs. Completed) DES COLLEGE (1-5+)	
		1-8 9-12	5+)				\$ 1-8 9-12		
RESIDENCE (No. and Street)					RESIDENCE (No. and Street)				
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN			COUNTY	STATE	
		SUPERVISION OR CONTROL BY		RACE			SUPERVISION OR CONTROLBY		
		GUARDIAN OR CONSERVATOR YES NO					GUARDIAN OR CONSERVATOR YES NO		
FATHER'S NAME					FATHER'S NAME				
MOTHER'S MAIDEN NAME					MOTHER'S MAIDEN NAME				
FATHER'S BIRTHPLACE (State or MOTHER'S BIRTHPLACE (State			LACE (State or			IPLACE (State o		RTHPLACE (State or	
Foreign Country)		Foreign Country)		Foreign Country)			Foreign Country)		
NO, OF THIS MARRIAGE	NO. OF CIVIL UNIONS	21a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS		NO. OF THIS NO. OF CIVIL MARRIAGE UNIONS			42a, IFPREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP 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					R			·	
COOLAL OF OUR TOWN OF PRINTING COLUMN TOWN					- OUS	TA " OF BRIDE"			
SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE					SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE				
									
OFFICIATOR INFORMATION									
OFFICIATOR'S NAME (FIRST) (LAST)									
Officiator's Address									
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:									