

THIS IS NOT THE OFFICIAL
LICENSE

State of Connecticut
Department of Public Health

Marriage License Worksheet

SPOUSE 1

SPOUSE 2

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 1-8 GRADES 9-12 COLLEGE (1-5+)	BIRTHPLACE		EDUCATION (No. Yrs. Completed) GRADE S 1-8 GRADES 9-12 COLLEGE (1-5+)
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN	
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN	
RACE XXXXXXXXXXXXXXXXXX		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE XXXXXXXXXXXXXXXXXX		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO
FATHER'S NAME			FATHER'S NAME		
MOTHER'S MAIDEN NAME			MOTHER'S MAIDEN NAME		
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)	FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	21a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	42a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION
LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # OF /SPOUSE 1 PROVIDE AT OFFICE			SOCIAL SECURITY # OF /SPOUSE 2 PROVIDE AT OFFICE		

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST) (LAST)

OFFICIATOR'S ADDRESS PHONE NUMBER:

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

DATE OF MARRIAGE: _____

MAILING ADDRESS FOR CERTIFIED COPY
TO BE SENT TO: _____

CONTACT PHONE#: _____

CONTACT EMAIL: _____