

**State of Connecticut**

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**Department of Public Health**  
**MARRIAGE LICENSE WORKSHEET**

**GROOM/ SPOUSE**

**BRIDE/SPOUSE**

|                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 (State / Foreign Country)                                                                                                                                                                                                         |                                                                                                               | EDUCATION (No. Yrs. Completed)                                                                                                                  | BIRTHPLACE (State/Foreign Country)                                                                                                                                                                                                           |                                                                                                               | EDUCATION (No. Yrs. Completed)                                                                                                                  |
|                                                                                                                                                                                                                                              | GRADES 1-8                                                                                                    | GRADES 9-12                                                                                                                                     | COLLEGE (1-5+)                                                                                                                                                                                                                               | GRADE S 1-8                                                                                                   | GRADES 9-12                                                                                                                                     |
| RESIDENCE (No. and Street)                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                                                 | RESIDENCE (No. and Street)                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                                                 |
| CITY OR TOWN                                                                                                                                                                                                                                 | COUNTY                                                                                                        | STATE                                                                                                                                           | CITY OR TOWN                                                                                                                                                                                                                                 | COUNTY                                                                                                        | STATE                                                                                                                                           |
| RACE                                                                                                                                                                                                                                         | SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                 | RACE                                                                                                                                                                                                                                         | SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR<br><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                                                                                           | IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS<br>1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION | NO. OF THIS MARRIAGE                                                                                                                                                                                                                         | NO. OF CIVIL UNIONS                                                                                           | IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS<br>1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION |
| LAST RELATIONSHIP ENDED BY:<br>1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT<br>4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER |                                                                                                               |                                                                                                                                                 | LAST RELATIONSHIP ENDED BY:<br>1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT<br>4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER |                                                                                                               |                                                                                                                                                 |
| SOCIAL SECURITY # OF GROOM/SPOUSE                                                                                                                                                                                                            |                                                                                                               |                                                                                                                                                 | SOCIAL SECURITY # OF BRIDE/SPOUSE                                                                                                                                                                                                            |                                                                                                               |                                                                                                                                                 |
| OFFICIATOR'S NAME (FIRST)                                                                                                                                                                                                                    |                                                                                                               | (LAST)                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                               | (TITLE)                                                                                                                                         |
| OFFICIATOR'S ADDRESS/PHONE:                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                                                 |
| DATE OF CEREMONY:                                                                                                                                                                                                                            |                                                                                                               |                                                                                                                                                 | TOWN WHERE CEREMONY WILL BE PERFORMED:                                                                                                                                                                                                       |                                                                                                               |                                                                                                                                                 |
| # OF CERT. COPIES REQUESTED:                                                                                                                                                                                                                 |                                                                                                               | MAIL TO:                                                                                                                                        | MAILED:                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                                                                 |
| PHONE NUMBER FOR BRIDE/GROOM/SPOUSE:                                                                                                                                                                                                         |                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                                                 |