## **State of Connecticut**

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

## **Department of Public Health**

MARRIAGE LICENSE WORKSHEET

SPOUSE ONE: PHONE #						<b>SPOUSE TWO:</b> PHONE #						
NAME (First)	(First) (Middle)		(Last)		NAME	NAME (First)			(Middle)			
SEX DATE OF BIRTH (Mo., Day, Year)				AGE	SEX DATE OF BIRTH (Mo.			., Day, Year) AGE				
BIRTHPLACE EDUCATION (No. Yrs. Completed)						BIRTHPL	I ACE			ON (No. Yrs.		
<b>5</b>			GRADES 1-8	GRADE 9-12	ES COLLEGE (1- 5+)	1			GRADE S 1-8	GRADES 9-12	COLLEGE (1-5+)	
RESIDENCE (No		RESIDENCE (No. and Street)										
CITY OR TOWN COUNTY STATE						CITY OR TOWN COUNTY STATE						
CITY OR TOWN		COOM	I Y		SIAIE	CITTOR	LIOVVIN	ł	COUNT		STATE	
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR						SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR						
YES NO						YES NO						
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						
TATHER TAKEN WINE (EAST WINE FROM TO FINGE WARRINGE)						,						
				R/PARENT BIRTHPLACE Foreign Country)			FATHER/PARENT BIRTHPLACE (State or Foreign Country)			MOTHER/PARENT BIRTHPLACE (State or Foreign Country)		
(0.0.0 0. 1 0.0.5	Ocaria,	(0.0.0	// 1 C. C. g	000	.1 <i>y)</i>	(0.0.0 0.	1 0.0.5.	r Country,	(0.0.0 0	Orongr. C.	unay,	
MOTHER/PAREN	NT NAME (LAST N	NAME PR	₹IOR TO F	FIRST	MARRIAGE)	MOTHER	MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)					
NO. OF THIS NO. OF CIVIL I IF PREVIOUSLY IN MARRIAGE OR						NO. OF	THIS	NO. OF CIVIL	I IF PREVI		N MARRIAGE	
MARRIAGE	UNIONS	CIVIL UNION, LAST					MARRIAGE UNIONS			OR CIVIL UNION, LAST		
	RE			ELATIONSHIP WAS					RELATIO	NSHIP W	AS	
		1.□ MA	RRIAGE	2C	CIVIL UNION				1.☐ MARF	RIAGE 2.	CIVIL UNION	
LAST RELATIONSHIP ENDED BY:						LAST RE	LATION	NSHIP ENDED BY	<u>γ:</u>			
1.☐ DEATH 2.☐ DISSOLUTION 3.☐ ANNULMENT						1. ☐ DEATH 2.☐ DISSOLUTION 3. ☐ ANNULMENT						
						4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION						
ALT PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER.						PARTNE		CIVIL UNION DIL	JNOI LND. 1	VIARE I IIN	G CIVIL DIVION	
SOCIAL SECURITY # OF SPOUSE ONE						SOCIAL	SECUR	RITY # OF SPOUS	F TWO			
<u>OFFICIATOR</u>	INFORMATIO	<u>N</u>										
OFFICIATOR'S NAME (FIRST)						(LAS	T)					
OFFICIATOR'S ADD	 DRESS							10H9	NE NUMBER			
<b>C.</b>	The state of the s								12.10			
Town Where Marriage Ceremony will be performed:						WEDDING DATE						
NUMBER OF CERTIFIED COPIES REQUESTED:						ZIP CODE						