

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

SPOUSE ONE				SPOUSE TWO			
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) Grades 1-8 Grades 9-12 College (1-5+)	
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)			
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN		COUNTY	STATE
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <i>Circle one:</i> YES NO				SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <i>Circle one:</i> YES NO			
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			
FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)		FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	
MOTHER/PARENT NAME (WITH LAST NAME PRIOR TO 1 ST MARRIAGE)				MOTHER/PARENT NAME (WITH LAST NAME PRIOR TO 1 ST MARRIAGE)			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS: <u>(CIRCLE ONE)</u> 1. MARRIAGE 2. CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS: <u>(CIRCLE ONE)</u> 1. MARRIAGE 2. CIVIL UNION	
LAST RELATIONSHIP ENDED BY: <u>(CIRCLE ONE)</u> 1. DEATH 2. DISSOLUTION 3. ANNULMENT 4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				LAST RELATIONSHIP ENDED BY: <u>(CIRCLE ONE)</u> 1. DEATH 2. DISSOLUTION 3. ANNULMENT 4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY # SPOUSE ONE				SOCIAL SECURITY # OF SPOUSE TWO			
<u>Location of Marriage Ceremony:</u>				<u>Date of Wedding:</u>			
OFFICIATOR'S NAME (FIRST)			OFFICIATOR'S NAME (LAST)			OFFICIATOR'S NAME (TITLE)	
OFFICIATOR'S ADDRESS				OFFICIATOR'S PHONE			
SPOUSE ONE PHONE:				SPOUSE TWO PHONE:			
#Cert Copies requested (\$20 each):		Address to mail to:				Date Mailed:	