

File #: \_\_\_\_\_

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



Town of Marriage: \_\_\_\_\_

Date Applied: \_\_\_\_\_

(NOTICE: AS OF OCTOBER 1, 2009 YOU CAN ONLY APPLY IN THE TOWN WHERE THE CEREMONY IS TAKING PLACE)

\* THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION

GROOM/ SPOUSE ID Shown

BRIDE/ SPOUSE ID Shown

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 or Foreign Country)	EDUCATION (No. Yrs. Completed)			BIRTHPLACE (State or Foreign Country)	EDUCATION (No. Yrs. Completed)		
	GRADES (1-8)	GRADES (9-12)	COLLEGE (1-5+)		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		
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
FATHER'S FULL NAME			FATHER'S FULL NAME				
MOTHER'S FULL NAME INCL. MAIDEN NAME			MOTHER'S FULL NAME INCL. 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 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 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 GROOM/SPOUSE (DO NOT WRITE TAX I.D. #)			SOCIAL SECURITY # OF BRIDE/SPOUSE (DO NOT WRITE TAX I.D. #)				
PHONE NUMBER WHERE YOU CAN BE REACHED IN CASE OF ANY QUESTIONS:							