

State of Connecticut  
Department of Public Health

MARRIAGE LICENSE WORKSHEET

Date Applied:	Signature and Oath: Spouse 1:	
Use By Date:		
Date of Marriage:	Phone:	
Location of Marriage:	Issue By:	
Officiator:	Issue to:	
Paid:		Yes    No

**GROOM/ SPOUSE**

**BRIDE/ SPOUSE**

NAME (First) (Middle) (Last)				NAME (First) (Middle) (Last)								
1. SEX		DATE OF BIRTH (Mo., Day, Year)		2. AGE		22. SEX		DATE OF BIRTH (Mo., Day, Year)		22. AGE		
2. 3.		4.		23. 24.		25.						
BIRTHPLACE (State or Foreign Country)			EDUCATION (No. Yrs. Completed)			BIRTHPLACE (State or Foreign Country)			EDUCATION (No. Yrs. Completed)			
6.			GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	28.			GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	
7.			8.			27.			28.	29.		
RESIDENCE (No. and Street)						RESIDENCE (No. and Street)						
9.						30.						
CITY OR TOWN		COUNTY		STATE		CITY OR TOWN		COUNTY		STATE		
10.		11.		12.		31.		32.		33.		
RACE						RACE						
13. SUPERVISION OR CONTROL BY GUARDIAN OR						34. SUPERVISION OR CONTROL BY GUARDIAN OR						
14. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO						35. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO						
FATHER'S NAME						FATHER'S NAME						
15.						36.						
MOTHER'S MAIDEN NAME						MOTHER'S MAIDEN NAME						
16.						37.						
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)			
17.			18.			38.			39.			
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				
19.	20.					40.	41.					
21b. LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT						42b. 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						4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER						
SOCIAL SECURITY # OF GROOM/ SPOUSE						SOCIAL SECURITY # OF BRIDE/ SPOUSE						
65.						66.						