

State of Connecticut

01/22 This form

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Department of Public Health Marriage License Worksheet(Both parties must appear in person with photo ID at Town Clerk's office – License fee \$50)by the local registrar's
office

Additional \$20 fee for optional certified copy to be mailed after wedding.

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)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)			
		GRADES 1-8	GRADES 9-12	COLLEGE			GRADES 1-8	GRADES 9-12	COLLEGE
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 <input type="checkbox"/> YES <input type="checkbox"/> NO					SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO				
FATHER/PARENT NAME (FULL NAME PRIOR TO FIRST MARRIAGE)					FATHER/PARENT NAME (FULL 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 (FULL NAME PRIOR TO FIRST MARRIAGE)					MOTHER/PARENT NAME (FULL NAME PRIOR TO FIRST MARRIAGE)				
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 SPOUSE ONE					SOCIAL SECURITY # OF SPOUSE TWO				

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST)	(LAST)
OFFICIATOR'S ADDRESS	OFFICIATOR'S PHONE #:
DATE OF MARRIAGE:	

Office Use Only

Date Applied:	Send# _____ Certified Copies to:
Amount Paid:	Date Received:
Contact Phone #:	Date Sent: Initials: