

**State of Connecticut Department of Public Health**

**MARRIAGE LICENSE WORKSHEET**

**GROOM/SPOUSE**

**BRIDE/SPOUSE**

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 Country)		EDUCATION (No. Yrs. Completed)	BIRTHPLACE (State or Country)		EDUCATION (No. Yrs. Completed)
	GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	GRADE S 1-8	GRADES 9-12
RESIDENCE ADDRESS (No. and Street)			RESIDENCE ADDRESS (No. and Street)		
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN	COUNTY	STATE
RACE: Black Hispanic Asian	White Native American Other	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE: Black Hispanic Asian	White Native American Other	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO
FATHER'S NAME (First & Last Name)			FATHER'S NAME (First & Last Name)		
MOTHER'S MAIDEN NAME (First & Last Name)			MOTHER'S MAIDEN NAME (First & Last 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  MARRIAGE CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS  MARRIAGE CIVIL UNION
LAST RELATIONSHIP ENDED BY:  ____ DEATH ____ DISSOLUTION ____ ANNULMENT  ____ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			LAST RELATIONSHIP ENDED BY:  ____ DEATH ____ DISSOLUTION ____ ANNULMENT  ____ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY NUMBER			SOCIAL SECURITY NUMBER		
PHONE NUMBER			PHONE NUMBER		

Officiator's Name: \_\_\_\_\_

Officiator's Address: \_\_\_\_\_

Officiator's Phone Number \_\_\_\_\_

Date of Marriage \_\_\_\_\_