

Department of Public Health  
**MARRIAGE LICENSE WORKSHEET**

Town where marriage is taking place: WATERBURY

**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		Education Yrs. Comp		Birthplace	
		1-8	9-12	College 1-5+	
Residence (No. and Street)			Residence (No. and Street)		
City or Town	County	State	City or Town	County	State
Race: Black White Hispanic Native American Asian Other	Supervision or Control By Guardian or Conservator: Yes No		Race: Black White Hispanic Native American Asian Other	Supervision or Control By Guardian or Conservator: Yes No	
Father's Name			Father's Name		
Mother's Maiden Name			Mother's Maiden Name		
Father's Birthplace		Mother's Birthplace		Father's Birthplace	
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
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 # : \_\_\_\_\_

Phone # : \_\_\_\_\_

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

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

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