State of Connecticut

01/22 This form may be reproduced by the local registrar's office

Department of Public Health

MARRIAGE LICENSE WORKSHEET

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): GRADES 1-8, GRADES 9-12, COLLEGE (1-5+)	BIRTHPLACE / EDUCATION (No. Yrs. Completed): 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
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)	FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)
FATHER/PARENT BIRTHPLACE State O 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 (LAST NAME PRIOR TO FIRST MARRIAGE)	MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)
NO. OF THIS MARRIAGE / NO. OF CIVIL UNIONS / IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐MARRIAGE 2.☐CIVIL UNION	NO. OF THIS MARRIAGE / NO. OF CIVIL UNIONS / IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐ MARRIAGE 2.☐ CIVIL UNION
LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐DISSOLUTION 3.☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER	LAST RELATIONSHIP ENDED BY: 1. ☐ DEATH 2.☐DISSOLUTION 3. ☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER
SOCIAL SECURITY # SPOUSE ONE	SOCIAL SECURITY # OF SPOUSE TWO

OFFICIATOR INFORMATION

PHONE NUMBER FOR COUPLE:

OFFICIATOR'S NAME (FIRST) (LAST)
OFFICIATOR'S ADDRESS / OFFICIATOR'S PHONE NUMBER
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: / DATE OF CEREMONY