

State of Connecticut Department of Public Health
MARRIAGE LICENSE WORKSHEET

GROOM or SAME SEX SPOUSE

BRIDE or SAME SEX SPOUSE

NAME (First) (Middle) (Last)				NAME (First) (Middle) (Last)			
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			
RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR	
		<input type="checkbox"/> YES <input type="checkbox"/> NO				<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		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				1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	
LAST RELATIONSHIP ENDED BY:				LAST RELATIONSHIP ENDED BY:			
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT				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 OR SAME SEX SPOUSE				SOCIAL SECURITY # BRIDE OR SAME SEX SPOUSE			

PLEASE ALSO COMPLETE THIS SECTION

OFFICIATOR'S NAME, ADDRESS & PHONE #:

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

DATE OF MARRIAGE

YOUR PHONE NUMBER

FOR TOWN CLERK'S USE ONLY:

	PARTY 1	PARTY 2
1) ID CHECKED	<input type="checkbox"/>	<input type="checkbox"/>
2) SIGN & OATH	<input type="checkbox"/>	<input type="checkbox"/>
3) PARENT CONSENT	<input type="checkbox"/>	<input type="checkbox"/>
4) JUDGE'S CONSENT	<input type="checkbox"/>	<input type="checkbox"/>

DATE APPLIED _____ DATE PAID _____

AMOUNT PAID _____ CASH/CHECK

OF CERTIFIED COPIES REQUESTED _____

DATE LICENSE ISSUED (BY WHOM/TO WHOM)

DATE LICENSE RECD FOR RECORD

MAIL CERTIFIEDS TO: _____

DATE MAILED:

INITIALS: