

**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	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+)	GRADES 1-8
RESIDENCE ADDRESS (No. and Street)				RESIDENCE ADDRESS (No. and Street)			
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN		COUNTY	STATE
RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE		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 <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	
LAST RELATIONSHIP ENDED BY:				LAST RELATIONSHIP ENDED BY:			
1. DEATH				1. DEATH			
2. DISSOLUTION				2. DISSOLUTION			
3. ANNULMENT				3. ANNULMENT			
4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY # OF GROOM OR SAME SEX SPOUSE				SOCIAL SECURITY # OF BRIDE OR SAME SEX SPOUSE			

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

OFFICIATOR'S NAME, ADDRESS & PHONE #: OFFICE

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

EXPECTED DATE OF MARRIAGE

CONTACT PHONE NUMBER

**FOR TOWN CLERK'S USE ONLY**

	PARTY 1	PARTY 2	DATE APPLIED _____	DATE PAID _____
1) ID CHECKED	<input type="checkbox"/>	<input type="checkbox"/>		
2) SIGN & OATH	<input type="checkbox"/>	<input type="checkbox"/>	AMOUNT PAID _____	CASH/CHECK
3) PARENT CONSENT	<input type="checkbox"/>	<input type="checkbox"/>		
4) JUDGE'S CONSENT	<input type="checkbox"/>	<input type="checkbox"/>	# OF CERTIFIED COPIES REQUESTED _____	

DATE LICENSE ISSUED (BY WHOM/TO WHOM) \_\_\_\_\_ DATE LICENSE RECD FOR RECORD \_\_\_\_\_ MAIL CERTIFIEDS TO: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_ INITIALS: \_\_\_\_\_