

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+)	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	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 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	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
LAST RELATIONSHIP ENDED BY: 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			LAST RELATIONSHIP ENDED BY: 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		
SOCIAL SECURITY # OF GROOM OR SAME SEX SPOUSE			SOCIAL SECURITY # BRIDE OR SAME SEX SPOUSE		

PLEASE COMPLETE THE FOLLOWING INFORMATION:

OFFICIATOR'S NAME, ADDRESS & PHONE #:	
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: :	DATE OF MARRIAGE
YOUR PHONE NUMBER	

<u>FOR TOWN CLERK'S USE ONLY:</u>					
	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: _____		

