

State of CT – Department of Public Health,

MARRIAGE LICENSE WORKSHEET

Town where Marriage Ceremony will be performed: Norfolk

Rev: 12/2021

SPOUSE 1				Spouse 2			
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 Foreign Country)		Education (No of Years Completed)		Birthplace (State or Foreign Country)		Education (No of Years Completed)	
		Grades 1-8	Grades 9-12	College 1-5+			Grades 1-8
							Grades 8-12
						College 1-5+	
Residence (Number and Street)				Residence (Number and Street)			
City or Town		County		State - Zip			
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)			
Mother/Parent Name (Last Name Prior to First Marriage)				Mother/Parent Name (Last Name Prior to First Marriage)			
Father/Parent Birthplace (State or Foreign Country)		Mother/Parent Birthplace (State or Foreign Country)		Father/Parent Birthplace (State or Foreign Country)		Mother/Parent 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:	
		Marriage _____ or Civil Union _____				Marriage _____ or Civil Union _____	
LAST RELATIONSHIP ENDED BY: Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/>				LAST RELATIONSHIP ENDED BY: Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/>			
PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER _____				PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER _____			
Social Security Number:				Social Security Number:			
Mailing Address (If Different from Residence Address)				Mailing Address (If Different from Residence Address)			
Phone Number:				Phone Number:			
OFFICIATOR'S NAME:						Date of Ceremony:	
OFFICIATOR'S ADDRESS:						Officiator's Phone:	
APPLICATION FEE: \$50 Certified Copies \$20 Each Number of Certified Copies Requested _____			For Town Clerk Use Only Date Issued _____ Amount Collected _____			Town Clerk P. O. Box 552 Norfolk, CT 06058	

*If Minor, Probate Judge Permission is Required.