

State of Connecticut

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**Department of Public Health
MARRIAGE LICENSE WORKSHEET**

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<i>SPOUSE ONE</i>				<i>SPOUSE TWO</i>			
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)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)	
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)			GRADE S 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 <input type="checkbox"/> YES <input type="checkbox"/> NO				SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) FIRST MIDDLE LAST				FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) FIRST MIDDLE LAST			
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)	
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) FIRST MIDDLE LAST (Maiden Name)				MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) FIRST MIDDLE LAST (Maiden Name)			
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: 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 STOP! DO NOT ENTER SS# AND DO NOT WRITE BELOW THIS LINE				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 STOP! DO NOT ENTER SS# AND DO NOT WRITE BELOW THIS LINE			
SOCIAL SECURITY # SPOUSE ONE				SOCIAL SECURITY # OF SPOUSE TWO			
<u>OFFICIATOR INFORMATION</u> *** STOP! DO NOT COMPLETE BELOW THIS LINE***							
OFFICIATOR'S NAME (FIRST) (LAST)			Official Capacity:				
OFFICIATOR'S ADDRESS					Officiator's Phone #:		
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:							
Name of Facility: _____				Address: _____			

*****OFFICE USE ONLY*****

Appointment Date _____ Application Date _____ Date of Marriage _____ Lic. Exp _____

ID Verify SS# Oath Signature SAE # of Copies Requested: _____ Amt. of Fees \$ _____ Cash / Check / Credit

Phone# _____ Email _____ Marriage Cert. Rec'd Date: _____

Document Required for Appt. (Proof of residence, etc.) _____ Cert. Copies Mailed Date: _____