

**State of Connecticut**

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the Local Registrar's office

**Department of Public Health**  
**MARRIAGE LICENSE WORKSHEET**

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\$20.00 Certified Copy Registrar  
Seal

<b><u>SPOUSE ONE</u></b>				<b><u>SPOUSE TWO</u></b>			
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) GRADES 1-3   GRADES 9-12   COLLEGE (1-5+)		BIRTHPLACE		EDUCATION (No. Yrs. Completed) GRADE 5-8   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 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  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			
<b><u>OFFICIATOR INFORMATION</u></b>							
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: \_\_\_\_\_