

File #: _____

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



Town of Marriage: _____

Date Applied: _____

(NOTICE: AS OF OCTOBER 1, 2009 YOU CAN ONLY APPLY IN THE TOWN WHERE THE CEREMONY IS TAKING PLACE)

* THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION

SPOUSE 1ID Shown ☐SPOUSE 2ID Shown ☐

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. Yrs. Completed)		BIRTHPLACE (State or Foreign Country)			EDUCATION (No. Yrs. Completed)	
			GRADES (1-8)	GRADES (9-12)				COLLEGE (1-5+)	GRADES (1-8)
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				SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						
FATHER'S FULL NAME				FATHER'S FULL NAME					
MOTHER'S FULL NAME INCL. MAIDEN NAME				MOTHER'S FULL NAME INCL. MAIDEN 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		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:				LAST RELATIONSHIP ENDED BY:					
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT				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				4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					
SOCIAL SECURITY # OF SPOUSE 1 (DO NOT WRITE TAX I.D. #)				SOCIAL SECURITY # OF SPOUSE 2 (DO NOT WRITE TAX I.D. #)					
PHONE NUMBER WHERE YOU CAN BE REACHED IN CASE OF ANY QUESTIONS:									