



Department of Public Health  
**MARRIAGE LICENSE WORKSHEET**

City/Town of Marriage: STAMFORD, CT

Date of Marriage: \_\_\_\_\_

**SPOUSE ONE**

**SPOUSE TWO**

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+)			GRADES 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)				FATHER/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)					
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)							
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 # SPOUSE ONE - DO NOT ENTER TAX ID#				SOCIAL SECURITY # OF SPOUSE TWO - DO NOT ENTER TAX ID#							

**OFFICIATOR INFORMATION**

OFFICIATOR'S NAME (FIRST) (LAST)
OFFICIATOR'S PHONE NUMBER:
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

Applicant's Phone Number(s): \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_