

State of Connecticut Department of Public Health
MARRIAGE LICENSE WORKSHEET

GROOM or SAME SEX SPOUSE

BRIDE or SAME SEX SPOUSE

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 Country)		EDUCATION (No. Yrs. Completed)		BIRTHPLACE (State or Country)		EDUCATION (No. Yrs. Completed)	
		Grades 1-8	Grades 9-12			College 1-6+	Grades 1-8
RESIDENCE ADDRESS (No. and Street)				RESIDENCE ADDRESS (No. and Street)			
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN		COUNTY	STATE
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO			RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO		
FATHER'S NAME (First & Last Name)				FATHER'S NAME (First & Last Name)			
MOTHER'S MAIDEN NAME (First & Last Name)				MOTHER'S MAIDEN NAME (First & Last 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 1. MARRIAGE 2. CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. MARRIAGE 2. CIVIL UNION	
LAST RELATIONSHIP ENDED BY: 1. DEATH 2. DISSOLUTION 3. ANNULMENT 4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER.				LAST RELATIONSHIP ENDED BY: 1. DEATH 2. DISSOLUTION 3. ANNULMENT 4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER.			
SOCIAL SECURITY # OF GROOM OR SAME SEX SPOUSE				SOCIAL SECURITY # OF BRIDE OR SAME SEX SPOUSE			

PLEASE ALSO COMPLETE THIS SECTION

OFFICIATOR'S NAME, ADDRESS & PHONE #:

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

DATE OF MARRIAGE

YOUR PHONE NUMBER

FOR TOWN CLERK'S USE ONLY:

	PARTY 1	PARTY 2
1) ID CHECKED	<input type="checkbox"/>	<input type="checkbox"/>
2) SIGN & OATH	<input type="checkbox"/>	<input type="checkbox"/>
3) PARENT CONSENT	<input type="checkbox"/>	<input type="checkbox"/>
4) JUDGE'S CONSENT	<input type="checkbox"/>	<input type="checkbox"/>

DATE APPLIED _____ DATE PAID _____
AMOUNT PAID _____ CASH/CHECK
OF CERTIFIED COPIES REQUESTED _____

DATE LICENSE ISSUED (BY WHOM/TO WHOM)

DATE LICENSE REC'D FOR RECORD

MAIL CERTIFIEDS TO: _____

DATE MAILED: _____ INITIALS: _____