State of Connecticut

01/22 This form may be reproduced by the local registrar's office

Department of Public Health MARRIAGE LICENSE WORKSHEET

SPOUSE ONE SPOUSE TWO

NAME (First)	(Middle	e)		(Last)	NAME	(First)		(Middle)	(Last)	
OFY DATE OF DIDTH (Marth Day V.)						, DAT	= 0= DIDTIL (M.	=	1	
SEX DATE	DATE OF BIRTH (Month, Day, Year) AGE				SEX	DAI	E OF BIRTH (Mor	nth, Day, Year)	AGE	
BIRTHPLACE		EDUCATION	N (No. Yrs. 0	Completed)	BIRTHPL	ACE			(No. Yrs. Completed)	
DI. (GRADES 1-8 GRA	DES 9-12	COLLEGE(1-5+)					S 9-12 COLLEGE (1-5+)	
RESIDENCE (No. and Street)					RESIDENCE (No. and Street)					
CITY OR TOWN		COUNTY		STATE	CITY OR	1WOT	N	COUNTY	STATE	
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		SUPERVISIO							OR CONTROL BY	
		GUARDIAN	OR CONS	SERVATOR	GUARDIAN OR CONSERVATOR					
		YE	s [NO				☐ YES	□ NO	
FATHER'S FULL	NAME				FATHER'S FULL NAME					
MOTHER'S FULL	MAIDEN NAME				MOTHER'S FULL MAIDEN NAME					
FATHER'S BIRTHPLACE MOTHER'S BIRTHF			RTHPLAC	CE	FATHER'S BIRTHPLACE		MOTHER'S BIRTI	HPLACE		
NO. OF THIS	OF THIS NO. OF CIVIL Were you previously married or in a Civil				NO. OF		NO. OF CIVIL	Were you previously n	narried or in a Civil	
MARRIAGE					MARRIAGE UNIONS Union?					
		LAST RELATIONSHIP WAS:						LAST RELATIONSHIP	P WAS:	
		│ │		CIVIL UNION				☐ MARRIAGE	CIVIL UNION	
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☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT					☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT					
PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER					PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER					
SOCIAL SECURITY # OF SPOUSE ONE					SOCIAL SECURITY # OF SPOUSE TWO					
						OFFICE USE ONLY				
ID:					ID:					
OFFICIATOR'S NAME TELEPHONE OF OFFICIATOR EMAIL OF OFFICIATOR										
TOWN WHERE THE MARRIAGE CEREMONY WILL BE PERFORMED DATE OF APPLICATION DATE OF MARRIAGE										
Bethany										
TELEPHONE OF APPLICANT EMAIL OF APPLICANT								DATE LIC	ENSE EXPIRES (65 DAYS)	
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NUMBER OF PREPAID COPIES MAIL TO:								DATE CE	RTIFIED COPY MAILED	