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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Vital Records Section - Hartford, Connecticut 06134

STATE FILE NO _____

MARRIAGE LICENSE WORKSHEET

TODAY'S DATE _____

GROOM/ SPOUSE

BRIDE/ SPOUSE

1. NAME (First)		(Middle)		(Last)		22. NAME (First)		(Middle)		(Last)					
2. SEX	3. DATE OF BIRTH (Mo., Day, Year)	4. AGE	(If Minor, Probate Judge permission Is Required)		23. SEX	24. DATE OF BIRTH (Mo., Day, Year)	25. AGE	(If Minor, Probate Judge permission Is Required)		26. BIRTHPLACE (State or Foreign Country)	27. EDUCATION (No. Yrs. Completed)				
BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Yrs. Completed)		GRADES 1-8		GRADES 9-12		COLLEGE (1-5+)		28. GRADES 1-8		29. GRADES 9-12		COLLEGE (1-5+)	
5. RESIDENCE (No. and Street)		6. RESIDENCE (No. and Street)		7. RESIDENCE (No. and Street)		8. RESIDENCE (No. and Street)		9. RESIDENCE (No. and Street)		10. RESIDENCE (No. and Street)		11. RESIDENCE (No. and Street)		12. RESIDENCE (No. and Street)	
9. CITY OR TOWN		10. CITY OR TOWN		11. CITY OR TOWN		12. CITY OR TOWN		13. CITY OR TOWN		14. CITY OR TOWN		15. CITY OR TOWN		16. CITY OR TOWN	
10. RACE		11. RACE		12. RACE		13. RACE		14. RACE		15. RACE		16. RACE		17. RACE	
13. FATHER'S NAME		14. SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		15. SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		16. SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		17. SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		18. SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		19. SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		20. SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR	
15. MOTHER'S MAIDEN NAME		16. MOTHER'S MAIDEN NAME		17. MOTHER'S MAIDEN NAME		18. MOTHER'S MAIDEN NAME		19. MOTHER'S MAIDEN NAME		20. MOTHER'S MAIDEN NAME		21. MOTHER'S MAIDEN NAME		22. MOTHER'S MAIDEN NAME	
16. FATHER'S BIRTHPLACE (State or Foreign Country)		17. FATHER'S BIRTHPLACE (State or Foreign Country)		18. FATHER'S BIRTHPLACE (State or Foreign Country)		19. FATHER'S BIRTHPLACE (State or Foreign Country)		20. FATHER'S BIRTHPLACE (State or Foreign Country)		21. FATHER'S BIRTHPLACE (State or Foreign Country)		22. FATHER'S BIRTHPLACE (State or Foreign Country)		23. FATHER'S BIRTHPLACE (State or Foreign Country)	
17. NO. OF THIS MARRIAGE		18. NO. OF THIS MARRIAGE		19. NO. OF THIS MARRIAGE		20. NO. OF THIS MARRIAGE		21. NO. OF THIS MARRIAGE		22. NO. OF THIS MARRIAGE		23. NO. OF THIS MARRIAGE		24. NO. OF THIS MARRIAGE	
19. NO. OF THIS MARRIAGE		20. NO. OF THIS MARRIAGE		21. NO. OF THIS MARRIAGE		22. NO. OF THIS MARRIAGE		23. NO. OF THIS MARRIAGE		24. NO. OF THIS MARRIAGE		25. NO. OF THIS MARRIAGE		26. NO. OF THIS MARRIAGE	
21b. 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		42b. 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		40. 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		41. 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	

Telephone Number _____

Mail certified copies to: (if different from above)

Marriage License Fee \$ _____

Cert. copies \$20.00 ea \$ _____

Total paid \$ _____