

**State of Connecticut**

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

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Seal

**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 / STATE OR COUNTRY  |                                | EDUCATION (No. Yrs. Completed)<br>GRADES 1-8   GRADES 9-12   COLLEGE (1-5+)   | BIRTHPLACE/ STATE OR COUNTRY   |                                | EDUCATION (No. Yrs. Completed)<br>GRADE S 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<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                                |   | SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                                |   |
| FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)<br>FIRST MIDDLE LAST  |                                |   | FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)<br>FIRST MIDDLE LAST  |                                |   |
| FATHER/PARENT BIRTHPLACE<br>State or Foreign Country)  |                                | MOTHER/PARENT BIRTHPLACE<br>(State or Foreign Country)  | FATHER/PARENT BIRTHPLACE<br>(State or Foreign Country)   |                                | MOTHER/PARENT BIRTHPLACE<br>(State or Foreign Country)  |
| MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)<br>FIRST MIDDLE LAST (Maiden Name)  |                                |   | MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)<br>FIRST MIDDLE LAST (Maiden Name)  |                                |   |
| NO. OF THIS MARRIAGE   | NO. OF CIVIL UNIONS            | IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS<br>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<br>1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION |
| LAST RELATIONSHIP ENDED BY:<br>1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT<br>4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER<br><b>STOP! DO NOT ENTER SS# AND DO NOT WRITE BELOW THIS LINE</b> |                                |   | LAST RELATIONSHIP ENDED BY:<br>1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT<br>4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER<br><b>STOP! DO NOT ENTER SS# AND DO NOT WRITE BELOW THIS LINE</b> |                                |   |
| SOCIAL SECURITY # SPOUSE ONE<br>ENTER SS# AT THE TIME OF YOUR APPOINTMENT  |                                | INITIAL   | SOCIAL SECURITY # OF SPOUSE TWO<br>ENTER SS# AT THE TIME OF YOUR APPOINTMENT   |                                | INITIAL   |

**OFFICIATOR INFORMATION**

|   |   |
|---|---|
| OFFICIATOR'S NAME (FIRST) (LAST)  | <b>Official Capacity:</b><br>(Minister/Reverend/Priest/ Rabbi/JP) |
| OFFICIATOR'S ADDRESS  | Officiator's Phone #:   |
| TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:<br>Name of Facility: _____ Address: _____ |   |

**\*\*\*OFFICE USE ONLY\*\*\***

Appointment Date \_\_\_\_\_ Application Date \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Lic. Exp \_\_\_\_\_

ID ☐ Verify SS# ☐ Oath ☐ Signature ☐ SAE ☐ # of Copies Requested: \_\_\_\_\_ Amt. of Fees \$ \_\_\_\_\_ Cash / Check / Credit

Phone# \_\_\_\_\_ Email \_\_\_\_\_ Marriage Cert. Rec'd Date: \_\_\_\_\_

Document Required for Appt. (Proof of residence, etc.) \_\_\_\_\_ Cert. Copies Mailed Date: \_\_\_\_\_