

State of Connecticut

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Department of Public Health
MARRIAGE LICENSE WORKSHEET

BRIDE/ GROOM/ SPOUSE

BRIDE/ GROOM/ 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		EDUCATION (No. Yrs. Completed) GRADES 1-8 GRADES 9-12 COLLEGE (1-5+)	BIRTHPLACE		EDUCATION (No. Yrs. Completed) GRADE S 1-8 GRADES 9-12 COLLEGE (1-5+)
RESIDENCE (No. and Street) ZIP CODE			RESIDENCE (No. and Street) ZIP CODE		
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN	COUNTY	STATE
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
FATHER'S NAME			FATHER'S NAME		
MOTHER'S MAIDEN NAME			MOTHER'S MAIDEN 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	21a. 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	42a. 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 # OF BRIDE/GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE		
Wedding Date:			Do you want your marriage announcement in Essex Events? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OFFICIATOR'S NAME (FIRST)		OFFICIATOR'S NAME (LAST)			
OFFICIATOR'S ADDRESS					
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:					