# Marriage License Worksheet

**State of Connecticut**  
**Department of Public Health**

**GROOM / SPOUSE**

<table>
<thead>
<tr>
<th>NAME (First)</th>
<th>(Middle)</th>
<th>(Last)</th>
<th>SEX</th>
<th>DATE OF BIRTH (Mo., Day, Year)</th>
<th>AGE</th>
<th>NAME (First)</th>
<th>(Middle)</th>
<th>(Last)</th>
<th>SEX</th>
<th>DATE OF BIRTH (Mo., Day, Year)</th>
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</tr>
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</table>

**BRIDE / SPOUSE**

<table>
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<tr>
<th>NAME (First)</th>
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<th>DATE OF BIRTH (Mo., Day, Year)</th>
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<th>SEX</th>
<th>DATE OF BIRTH (Mo., Day, Year)</th>
<th>AGE</th>
</tr>
</thead>
</table>

**BIRTHPLACE**

**EDUCATION (No. Yrs. Completed)**

<table>
<thead>
<tr>
<th>GRADES</th>
<th>GRADES</th>
<th>COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-8</td>
<td>9-12</td>
<td>(1-5+)</td>
</tr>
</tbody>
</table>

**RESIDENCE (No. and Street)**  
**ZIP CODE**

**CITY OR TOWN**  
**COUNTY**  
**STATE**

**RACE**

**SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR**

- YES
- NO

**FATHER’S NAME**  
First Name:  
Last Name:

**MOTHER’S MAIDEN NAME**  
First Name:  
Maiden Name:

**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**

- MARRIAGE
- CIVIL UNION

**NO. OF THIS MARRIAGE**  
**NO. OF CIVIL UNIONS**

**42a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS**

- MARRIAGE
- CIVIL UNION

**LAST RELATIONSHIP ENDED BY:**

- DEATH
- DISSOLUTION
- ANNULMENT
- PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER

**SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE**

**CONTACT PHONE #S OF COUPLE BEING MARRIED:**

**OFFICIATOR’S NAME**  
(FIRST)  
(LAST)

**OFFICIATOR’S ADDRESS:**

**TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:**  
Name of Venue:  
Date of Marriage: