

Both Parties must appear in person with a photo I.D. at the Town Clerk's office in the Town in which you wish to be married.

The license fee is \$50. Certified copies maybe obtained for \$20.

Date of Application _____

State of Connecticut

Department of Public Health

Payment: _____

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

MARRIAGE LICENSE WORKSHEET

SPOUSE ONE

SPOUSE TWO

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE		
BIRTHPLACE		EDUCATION (No. Yrs. Completed)		BIRTHPLACE	
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN		COUNTY	STATE		
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)		
FATHER/PARENT BIRTHPLACE (State O or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)		FATHER/PARENT BIRTHPLACE (State or Foreign Country)	
				MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS
		1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION			
LAST RELATIONSHIP ENDED BY:			LAST RELATIONSHIP ENDED BY:		
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT			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			4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # SPOUSE ONE			SOCIAL SECURITY # OF SPOUSE TWO		

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST) (LAST)

OFFICIATOR'S ADDRESS

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:

Bride/Groom Telephone Number _____
Date of Marriage _____

Mailing address for certified copies:

