State of Connecticut

07/10 - This form may be reproduced by the local registrar's office.

Department of Public Health MARRIAGE LICENSE WORKSHEET

GROOM / SPOUSE

BRIDE / SPOUSE

NAME ((First)	(Middle	!)		(Last)	NAME	(First)		(Middle	e)		(Last)	
SEX DATE OF BIRTH (Month, Day, Year)				ar)	AGE	SEX DATE OF BIRTH		E OF BIRTH (Mo	I (Month, Day, Year)		AGE		
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RESIDENCE (No. and Street)							ICE (N	lo. and Street)		1			
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CITY OR TOWN C			COUNTY STATE			CITY OR TOWN			COUNTY STATE			ATE	
CITTON	IOWIN		COUNT	ī	STATE	CITTON	TOVVI	N	COUN	11 1	317	11 □	
ZIP CODE			SUPERVISION OR CONTROL BY			ZIP CODE				SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR			
			GUARDIAN OR CONSERVATOR ☐ YES ☐ NO						YES NO				
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FATHER'S NAME							FATHER'S NAME						
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MOTHER'S FIRST & MAIDEN NAME							MOTHER'S FIRST & MAIDEN NAME						
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FATHER'S BIRTHPLACE (State or Foreign Country) MOTHER'S BIRTHPLACE Foreign Country)					IPLACE (State of		FATHER'S BIRTHPLACE (State or Foreign Country) MOTHER'S BIRTHPLACE (State or Foreign Country)						
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1. ☐ DEATH 2. ☐ DISSOLUTION 3. ☐ ANNULMENT							1. ☐ DEATH 2.☐DISSOLUTION 3. ☐ ANNULMENT						
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4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION						4. ☐ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER							
PARTNER							n						
SS#							SS#						
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BOXES BELOW ARE FOR OFFICE USE.							BOXES BELOW ARE FOR OFFICE USE.						
OFFICIATOR'S NAME (FIRST) (LAST)							TELEPHONE NUMBER / E-MAIL ADDRESS OF BRIDE/GROOM/SPOUSE:						
		. ,		. ,									
OFFICIATO	OR'S ADD	RESS				IDENTIFIC	ATION:	DATE	LICENSE	RECEIVED:			
LOCATION WHERE MARRIAGE CEREMONY WILL BE PERFORMED:							OATH GIVEN: # OF CC'S REQUESTED						
								(\$20	EACH):				
APPLICATION DATE:			DATE OF MARRIAGE CEREMONY:			SIGNATURES: DATE			CC'S MAILED:				
EXPIRATION DATE (65 DAYS):			ISSUE DATE:			AMOLINE	AMOUNT OF FEE PAID MAILING ADDR			DRESS FOR CC'S:			
LATINATION DATE (00 DATS).			ISSUE DATE.				AMOUNT OF FEE PAID IMAILING ADDRESS FOR CC S.						