### State of Connecticut

**Department of Public Health**

**MARRIAGE LICENSE WORKSHEET**

#### SPOUSE ONE

<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>
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**Birthplace**

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**Residence (No. and Street)**

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<th>State</th>
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**Supervision or Control by Guardian or Conservator**

- [ ] Yes
- [ ] No

**Father/Parent Name (Last Name Prior to First Marriage)**

**Father/Parent Birthplace**

(State or Foreign Country)

**Mother/Parent Name (Last Name Prior to First Marriage)**

**Mother/Parent Birthplace**

(State or Foreign Country)

**No. of This Marriage**

**No. of Civil Unions**

**If previously in marriage or civil union, last relationship was**

1. [ ] Marriage 2. [ ] Civil Union

**Last Relationship Ended by:**

1. [ ] Death 2. [ ] Dissolution 3. [ ] Annulment

4. [ ] Previous Civil Union Did Not End. Marrying Civil Union Partner

**Social Security # Spouse One**

#### SPOUSE TWO

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- [ ] Yes
- [ ] No

**Father/Parent Name (Last Name Prior to First Marriage)**

**Father/Parent Birthplace**

(State or Foreign Country)

**Mother/Parent Name (Last Name Prior to First Marriage)**

**Mother/Parent Birthplace**

(State or Foreign Country)

**No. of This Marriage**

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1. [ ] Death 2. [ ] Dissolution 3. [ ] Annulment

4. [ ] Previous Civil Union Did Not End. Marrying Civil Union Partner

**Social Security # of Spouse Two**

#### Officiator Information

**Officiator’s Name (First)**

**Officiator’s Address**

**Town Where Marriage Ceremony Will Be Performed:**