

Marriage License
Worksheet

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
150 Washington St., Hartford, CT 06106

FOR OFFICE USE ONLY:	
Date applied: _____	Number of requested certified copies: _____
	Date certified copies sent: _____

GROOM'S NAME (First) (Middle) (Last)			AGE
			SOCIAL SECURITY #:
RESIDENCE (No. & Street)	CITY/TOWN, STATE & ZIP CODE	COUNTY	PHONE NUMBER
BIRTHPLACE (State or Foreign Country)	DATE OF BIRTH (Mo/Day/Year)		UNDER 18: YES NO
FATHER'S FULL NAME		BIRTHPLACE (State or Foreign Country):	
MOTHER'S FULL MAIDEN NAME		BIRTHPLACE (State or Foreign Country):	
RACE	# OF THIS MARRIAGE:	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY: DEATH DIVORCE ANNULMENT	EDUCATION (# of YRS COMPLETED) ELEMENTARY HIGH SCHOOL COLLEGE (1 2 3 4 5 6 7 8) (1 2 3 4) (1 2 3 4 5+)

BRIDES NAME (First) (Middle) (Last)			AGE
			SOCIAL SECURITY #:
RESIDENCE (No. & Street)	CITY/TOWN, STATE & ZIP CODE	COUNTY	PHONE NUMBER
BIRTHPLACE (State or Foreign Country)	DATE OF BIRTH (Mo/Day/Year)		UNDER 18: YES NO
FATHER'S FULL NAME		BIRTHPLACE (State or Foreign Country):	
MOTHER'S FULL MAIDEN NAME		BIRTHPLACE (State or Foreign Country):	
RACE	# OF THIS MARRIAGE:	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY: DEATH DIVORCE ANNULMENT	EDUCATION (# of YRS COMPLETED) ELEMENTARY HIGH SCHOOL COLLEGE (1 2 3 4 5 6 7 8) (1 2 3 4) (1 2 3 4 5+)

WEDDING DATE: _____ CEREMONY LOCATION: _____

NAME AND TITLE OF PERSON PERFORMING CEREMONY: _____

TELEPHONE #: _____