

EXPIRATION DATE : _____

**State of Connecticut
Department of Public Health
Marriage License Worksheet**

NAME OF TOWN WHERE CEREMONY WILL TAKE PLACE: _____

DATE WHEN CEREMONY WILL TAKE PLACE: _____

| Guidance for Each Row on backside | SPOUSE ONE | | | | SPOUSE TWO | | | | | | |
|------------------------------------|--|--|--|---|--|---------------------------|--|--|--|--|--|
| | Applicant's Phone Number: | | | | Applicant's Phone Number: | | | | | | |
| A Applicant Info | FULL NAME (First) (Middle) (Last) (Suffix) | | | | FULL NAME (First) (Middle) (Last) (Suffix) | | | | | | |
| B Applicant Info | SEX | DATE OF BIRTH(MM/DD/YYYY) | AGE | BIRTHPLACE(US State or Foreign Country) | SEX | DATE OF BIRTH(MM/DD/YYYY) | AGE | BIRTHPLACE(US State or Foreign Country) | | | |
| C Applicant Info | SUPERVISION OR CONTROL OF A CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO | | EDUCATION (Check the Highest Level Completed) <input type="checkbox"/> 12th Grade or less, no Diploma <input type="checkbox"/> Bachelors <input type="checkbox"/> High School Graduate/GED Completed <input type="checkbox"/> Masters <input type="checkbox"/> Associates <input type="checkbox"/> Doctorate or Professional degree | | SUPERVISION OR CONTROL OF A CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO | | EDUCATION (Check the Highest Level Completed) <input type="checkbox"/> 12th Grade or less, no Diploma <input type="checkbox"/> Bachelors <input type="checkbox"/> High School Graduate/GED Completed <input type="checkbox"/> Masters <input type="checkbox"/> Associates <input type="checkbox"/> Doctorate or Professional degree | | | | |
| D Applicant Info | RESIDENCE (# and Street Name) | | | | RESIDENCE (# and Street Name) | | | | | | |
| E Applicant Info | CITY/TOWN | | COUNTY | US STATE (Or Foreign Country) | CITY/TOWN | | COUNTY | US STATE (Or Foreign Country) | | | |
| F Parent Info | FATHER/PARENT FULL NAME (FIRST, MIDDLE, LAST NAME(s) PRIOR TO 1ST MARRIAGE, Suffix (ex. Jr., Sr., II, III, etc.)) | | | | FATHER/PARENT FULL NAME (FIRST, MIDDLE, LAST NAME(s) PRIOR TO 1ST MARRIAGE, Suffix (ex. Jr., Sr., III, etc.)) | | | | | | |
| G Parent Info | MOTHER/ PARENT FULL NAME (FIRST, MIDDLE, LAST NAME(s) PRIOR TO 1ST MARRIAGE, Suffix (ex. Jr., Sr., II, III, etc.)) | | | | MOTHER/ PARENT FULL NAME (FIRST, MIDDLE, LAST NAME(s) PRIOR TO 1ST MARRIAGE, Suffix (ex. Jr., Sr., II, III, etc.)) | | | | | | |
| H Parent Info | FATHER/PARENT BIRTHPLACE (US State or Foreign Country) | | MOTHER/PARENT BIRTHPLACE (US State or Foreign Country) | | FATHER/PARENT BIRTHPLACE (US State or Foreign Country) | | MOTHER/PARENT BIRTHPLACE (US State or Foreign Country) | | | | |
| I Applicant Info | # OF THIS MARRIAGE/ CIVIL UNION | LAST RELATIONSHIP (MARRIAGE/CIVIL UNION) END BY: a. <input type="checkbox"/> DEATH b. <input type="checkbox"/> DISSOLUTION | | | c. <input type="checkbox"/> ANNULMENT d. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | | # OF THIS MARRIAGE/ CIVIL UNION | LAST RELATIONSHIP (MARRIAGE/CIVIL UNION) END BY: a. <input type="checkbox"/> DEATH b. <input type="checkbox"/> DISSOLUTION | | c. <input type="checkbox"/> ANNULMENT d. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | |
| J Applicant Info | SOCIAL SECURITY NUMBER – SPOUSE ONE | | | | SOCIAL SECURITY NUMBER – SPOUSE TWO | | | | | | |
| ENTER OFFICIANT INFORMATION | OFFICIANT'S FULL NAME (FIRST, MIDDLE, LAST, SUFFIX) | | | | | | | | | | |
| | OFFICIANT'S FULL MAILING ADDRESS (#, Street Name, City/Town, State, Zip Code, Country) | | | | | | | | | | |
| | OFFICIANTS PHONE NUMBER | | | | TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED (MUST BE SAME AS TOWN ISSUING MARRIAGE LICENSE) | | | | | | |

ROW A: SPOUSES' FULL NAME

- EACH APPLICANT/SPOUSE MUST ENTER THEIR FULL LEGAL NAME AS IT IS AT THE TIME OF THE APPLICATION FOR A MARRIAGE LICENSE
- FULL LEGAL NAME INCLUDES FIRST NAME, MIDDLE NAME, LAST NAME(S), SUFFIX, (IF APPLICABLE)
- IF AN APPLICANT/SPOUSE'S LEGAL NAME INCLUDES TWO LAST NAMES, INCLUDE BOTH ON THE WORKSHEET/LICENSE EVEN IF YOU DO NOT NORMALLY USE BOTH LAST NAMES
- SUFFIX INDICATES A FAMILY RELATIONSHIP LIKE USING Jr., Sr., II, III, IV, AND SO ON
- DO NOT ABBREVIATE OR USE NICKNAMES

ROW B: SPOUSES' SEX, DATE OF BIRTH, AGE, BIRTHPLACE

- EACH APPLICANT/SPOUSE ENTERS THEIR SEX AS EITHER F, M OR X
- EACH APPLICANT/SPOUSE ENTERS THEIR FULL DATE OF BIRTH IN MONTH (USING 2 DIGITS), DAY (USING 2 DIGITS), THEN YEAR (USING 4 DIGITS); MM/DD/YYYY
- EACH APPLICANT/SPOUSE ENTERS THE AGE THEY WERE AT THEIR LAST BIRTHDAY
- EACH APPLICANT/SPOUSE ENTERS THE STATE IN THE UNITED STATES OF AMERICA THEY WERE BORN (STATE ABBREVIATION IS ALLOWED. EXAMPLES: WV, CT, AL, TX...), OR IF NOT BORN IN THE US ENTER THE NAME OF THE COUNTRY WHERE THEY WERE BORN

ROW C: CONSERVATORSHIP, EDUCATION COMPLETED

- IF AN APPLICANT/SPOUSE HAS A CONSERVATOR OF PERSON, THE WRITTEN CONSENT OF THE CONSERVATOR IS REQUIRED
- FOR PROOF OF CONSERVATOR APPROVAL, A CERTIFIED COPY OF THE CONSERVATOR OF PERSON ORDER, A WRITTEN NOTARIZED AFFIDAVIT SIGNED BY THE CONSERVATOR OF PERSON, AND A PHOTOCOPY OF THE CONSERVATOR OF PERSON'S VALID GOVERNMENT ISSUED ID ARE REQUIRED
- EACH APPLICANT/SPOUSE CHECK THE BOX NEXT TO THE HIGHEST EDUCATION LEVEL THEY COMPLETED (CHECK ONLY ONE BOX PER EACH APPLICANT/SPOUSE)

ROW D: RESIDENCE

- EACH APPLICANT/SPOUSE MUST ENTER THE HOUSE NUMBER AND STREET NAME OF RESIDENCE WHERE THEIR HOUSEHOLD IS LOCATED. INCLUDE APT OR UNIT NUMBER/LETTER/DESCRIPTOR IF YOU HAVE ONE (EX: APT 1, UNIT B, REAR APT, ETC)

ROW E: CITY/TOWN, COUNTY, US STATE (OR FOREIGN COUNTRY)

- EACH APPLICANT/SPOUSE MUST ENTER THE CITY OR TOWN AND COUNTY IN WHICH THEIR HOUSEHOLD IS LOCATED
- EACH APPLICANT/SPOUSE MUST ENTER THE STATE IN THE UNITED STATES OF AMERICA IN WHICH THEIR HOUSEHOLD IS LOCATED
- IF THEIR HOUSEHOLD IS IN A COUNTRY THAT IS NOT THE UNITED STATES, ENTER THE NAME OF THE COUNTRY WHERE THE HOUSEHOLD IS LOCATED. STATE IS NOT REQUIRED IF COUNTRY IS NOT THE US

ROW F: FATHER/PARENT FULL NAME

- EACH APPLICANT/SPOUSE MUST ENTER THEIR FATHER/PARENT'S FULL LEGAL NAME PRIOR TO BEING MARRIED FOR THE FIRST TIME or NAME GIVEN AT BIRTH IF NEVER MARRIED
- IF A FATHER/PARENT'S LEGAL NAME INCLUDES TWO LAST NAMES, INCLUDE BOTH ON THE WORKSHEET/LICENSE EVEN IF THEY DO NOT NORMALLY USE BOTH LAST NAMES
- SUFFIX INDICATES A FAMILY RELATIONSHIP LIKE USING Jr., Sr., II, III, IV, AND SO ON
- DO NOT ABBREVIATE OR USE NICKNAMES

ROW G: MOTHER/PARENT FULL NAME

- EACH APPLICANT/SPOUSE MUST ENTER THEIR MOTHER/PARENT'S FULL LEGAL NAME PRIOR TO BEING MARRIED FOR THE FIRST TIME or NAME GIVEN AT BIRTH IF NEVER MARRIED
- IF A MOTHER/PARENT'S LEGAL NAME INCLUDES TWO LAST NAMES, INCLUDE BOTH ON THE WORKSHEET/LICENSE EVEN IF THEY DO NOT NORMALLY USE BOTH LAST NAMES
- SUFFIX INDICATES A FAMILY RELATIONSHIP LIKE USING Jr., Sr., II, III, IV, AND SO ON
- DO NOT ABBREVIATE OR USE NICKNAMES

ROW H: FATHER/PARENT BIRTHPLACE, MOTHER/PARENT BIRTHPLACE

- EACH APPLICANT/SPOUSE MUST ENTER THEIR FATHER/PARENT AND THEIR MOTHER/PARENT'S STATE OF BIRTH IF BORN IN THE UNITED STATES
- IF PARENT WAS BORN IN A COUNTRY THAT IS NOT THE UNITED STATES, ENTER ONLY THE NAME OF THE COUNTRY WHERE THE PARENT WAS BORN

ROW I: NUMBER OF THIS MARRIAGE, LAST RELATIONSHIP ENDED BY

- EACH APPLICANT/SPOUSE ENTERS THE TOTAL NUMBER OF MARRIAGES(AND CIVIL UNIONS IF APPLICABLE) THEY HAVE HAD INCLUDING THIS ONE (EX: IF THIS IS YOUR FIRST MARRIAGE, ENTER 1; IF YOU WERE MARRIED/IN CIVIL UNION ONCE BEFORE, ENTER 2; IF MARRIED/IN CIVIL UNION TWICE BEFORE ENTER 3)

ROW J: SOCIAL SECURITY NUMBER

- EACH APPLICANT/SPOUSE ENTERS THEIR SOCIAL SECURITY NUMBER (SSN), IF AN APPLICANT/SPOUSE DOES NOT HAVE AN SSN, ENTER THE WORD NONE