

State of Connecticut

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

Department of Public Health
MARRIAGE LICENSE WORKSHEET

SPOUSE ONE				SPOUSE TWO							
NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)								
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE		SEX	DATE OF BIRTH (Mo., Day, Year)		AGE			
BIRTHPLACE		EDUCATION (No. Yrs. Completed)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)					
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)			GRADE S 1-8	GRADES 9-12	COLLEGE (1-5+)		
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)							
CITY OR TOWN		COUNTY		STATE		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 <small>State O or Foreign Country</small>			MOTHER/PARENT BIRTHPLACE <small>(State or Foreign Country)</small>			FATHER/PARENT BIRTHPLACE <small>(State or Foreign Country)</small>			MOTHER/PARENT BIRTHPLACE <small>(State or Foreign Country)</small>		
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 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION				NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION			
LAST RELATIONSHIP ENDED BY: 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						LAST RELATIONSHIP ENDED BY: 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					

DATE OF MARRIAGE IN PLYMOUTH/TERRYVILLE---

PLACE OF MARRIAGE – (FYI Wood Acres is in *Harwinton*) --

PERSON PERFORMING CEREMONY and Phone Number---

OFFICIAL CAPACITY

Justice of the Peace

Religious

CONTACT PHONE NUMBER (Spouse 1 or 2, JP, or Church number) --

SOCIAL SECURITY NUMBER – Spouse 1 -----

SOCIAL SECURITY NUMBER – Spouse 2-----

FEE DUE AT TIME OF APPLICATION - \$50.00 Paid **Date of Application –**

Certificate must be used in PLYMOUTH/TERRYVILLE **within 65 days** of application to the Town Clerk