## State of Connecticut Department of Public Health MARRIAGE LICENSE WORKSHEET

SPOUSE ONE SPOUSE TWO								
NAME (First)	(Middle)	(L	_ast)	NAME (Firs		e)	(Last)	
SEX	DATE OF BIRTH (Mo.	., Day, Year)	AGE	SEX	DATE OF BIRTH (Mo	o., Day, Year)	AGE	
	,	,			,	,		
BIRTHPLACE EDUCATION (No. Yrs. Completed)				BIRTHPLAC	<u> </u> `E	EDUCATION (No. Yrs.	Completed)	
Grades 1-8 Grades 9-12 College (1-5+)		DIIXIIII LAC	<i>,</i> ∟		s 9-12 College (1-5+)			
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)				
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CITY OR TOW	/N	COUNTY	STATE	CITY OR TO	OWN	COUNTY	STATE	
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR				SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR				
<u>Check one</u> : YES NO				<u>Check one</u> : YES NO				
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				
THE NOTATION OF THE PROPERTY O								
FATHER/PARENT BIRTHPLACE MOTHER/PARENT BIRTHPLACE				FATHER/PARENT BIRTHPLACE   MOTHER/PARENT BIRTHPLACE				
(State or Foreign Country) (State or Foreign Country)			(State or Foreign Country) (State or Foreign Country)					
(State of Foreign Country)				(				
MOTUED (DARENT MAME (MITTUL ACT MAME PRIOR TO 197 MARRIAGE)				MOTHED/DADENT NAME (MITH LAST NAME DDIOD TO 4ST MADDIACE)				
MOTHER/PARENT NAME (WITH LAST NAME PRIOR TO 1ST MARRIAGE)				MOTHER/PARENT NAME (WITH LAST NAME PRIOR TO 1ST MARRIAGE)				
NO. OF THIS NO. OF CIVIL IF PREVIOUSLY IN MARRIAGE OR CIVIL				NO. OF THIS NO. OF CIVIL IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS:				
MARRIAGE UNIONS UNION, LAST RELATIONSHIP WAS: (CHECK ONE)			MARRIAGE UNIONS UNION, LAST RELATIONSHIP WAS: (CHECK ONE)					
		<ol> <li>MARRIAGE</li> </ol>				1. MARRIAG		
		2. CIVIL UNION				2. CIVIL UNI	ON	
LAST RELATIONSHIP ENDED BY: (CHECK ONE)				LAST RELATIONSHIP ENDED BY: (CHECK ONE)				
1. DEATH 2. DISSOLUTION 3. ANNULMENT				1. DEATH 2. DISSOLUTION 3. ANNULMENT				
4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				
I ANTINEIX				TAKINEK				
SOCIAL SECURITY # SPOUSE ONE				SOCIAL SECURITY # OF SPOUSE TWO				
Location of Marriage Ceremony:				<u>Date of Wedding:</u>				
OFFICIATOR'S NAME (FIRST)				(LAST)		(TITLE)		
	•			-		. ,		
OFFICIATOR'S ADDRESS				OFFICIATOR'S PHONE				
ODOLOG ONE BUONE					ODOLIOF TWO DUOVE			
SPOUSE ONE PHONE:				SPOUSE TWO PHONE:				