

Date of Application: _____

State of Connecticut

Department of Public Health

This form may be reproduced by the local registrar's office.

YOU MUST APPLY IN THE TOWN WHERE THE MARRIAGE WILL TAKE PLACE

PAID \$50.00 _____ license

PAID \$20.00 _____ certified copy

GROOM/SPOUSE

BRIDE/SPOUSE

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)								
SEX	DATE OF BIRTH (Month, Day, Year)		AGE	SEX	DATE OF BIRTH (Month, Day, Year)		AGE				
BIRTHPLACE		EDUCATION (Number of Years Completed)		BIRTHPLACE		EDUCATION (Number of Years Completed)					
		ELEMENTARY	HIGH SCHOOL	COLLEGE 1-5+			ELEMENTARY	HIGH SCHOOL	COLLEGE 1-5+		
RESIDENCE (Number and Street)				RESIDENCE (Number and Street)							
CITY OR TOWN		COUNTY		STATE		CITY OR TOWN		COUNTY		STATE	
RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR				RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR			
		<input type="radio"/> YES		<input type="radio"/> NO				<input type="radio"/> YES		<input type="radio"/> NO	
FATHER'S NAME			FATHER'S BIRTHPLACE			FATHER'S NAME			FATHER'S BIRTHPLACE		
MOTHER'S FIRST & MAIDEN NAME			MOTHER'S BIRTHPLACE			MOTHER'S FIRST & MAIDEN NAME			MOTHER'S BIRTHPLACE		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS:				NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS:			
		<input type="radio"/> MARRIAGE		<input type="radio"/> CIVIL UNION				<input type="radio"/> MARRIAGE		<input type="radio"/> CIVIL UNION	
LAST RELATIONSHIP ENDED BY:						LAST RELATIONSHIP ENDED BY:					
<input type="radio"/> DEATH		<input type="radio"/> DIVORCE		<input type="radio"/> ANNULMENT		<input type="radio"/> DEATH		<input type="radio"/> DIVORCE		<input type="radio"/> ANNULMENT	
<input type="radio"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER						<input type="radio"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					
SOCIAL SECURITY NUMBER OF GROOM/SPOUSE						SOCIAL SECURITY NUMBER OF BRIDE/SPOUSE					
WEDDING DATE:											
FULL NAME OF PERSON PERFORMING CEREMONY											
ADDRESS								TELEPHONE			

