

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"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | | | | <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 | | | |
| SOCIAL SECURITY NUMBER OF GROOM/SPOUSE | | | | SOCIAL SECURITY NUMBER OF BRIDE/SPOUSE | | | |
| WEDDING DATE: | | | | | | | |
| FULL NAME OF PERSON PERFORMING CEREMONY | | | | | | | |
| ADDRESS | | | | | TELEPHONE | | |