

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

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GROOM/SPOUSE Phone #

BRIDE/SPOUSE Phone #

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	