

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**

**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	
		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	