

**State of Connecticut**

10/18 This form may be reproduced by  
The local registrar's office

**DEPARTMENT OF PUBLIC HEALTH MARRIAGE LICENSE WORKSHEET**

**THIS IS NOT A MARRIAGE LICENSE.  
BRING THIS APPLICATION TO THE  
TOWN CLERK'S OFFICE.**

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT PHONE #: \_\_\_\_\_

Town Where Marriage Ceremony will be performed: DURHAM

LICENSE PAID \$50.00 \_\_\_\_\_

COPY PAID \$20.00 \_\_\_\_\_

**GROOM/SPOUSE**

**BRIDE/SPOUSE**

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (Mo., Day, Year)	AGE	SEX	DATE OF BIRTH (Mo., Day, Year)	AGE
BIRTHPLACE		EDUCATION (No. Yrs. Completed)	BIRTHPLACE		EDUCATION (No. Yrs. Completed)
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	GRADE 1-8
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN	COUNTY	STATE
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
FATHER'S NAME			FATHER'S NAME		
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)	FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)
MOTHER'S FIRST NAME, MIDDLE NAME, MAIDEN NAME			MOTHER'S FIRST NAME, MIDDLE NAME, MAIDEN NAME		
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
		1 <input type="checkbox"/> MARRIAGE 2 <input type="checkbox"/> CIVIL UNION			1 <input type="checkbox"/> MARRIAGE 2 <input type="checkbox"/> CIVIL UNION
LAST RELATIONSHIP ENDED BY:			LAST RELATIONSHIP ENDED BY:		
1 <input type="checkbox"/> DEATH 2 <input type="checkbox"/> DISSOLUTION 3 <input type="checkbox"/> ANNULMENT			1 <input type="checkbox"/> DEATH 2 <input type="checkbox"/> DISSOLUTION 3 <input type="checkbox"/> ANNULMENT		
4 <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			4 <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE		

**WEDDING DATE:** \_\_\_\_\_

OFFICIATOR'S NAME (FIRST) (LAST)
OFFICIATOR'S PHONE: