

DATE OF APPLICATION: _____

DATE OF WEDDING: _____

PARENTAL CONSENT

Groom Bride

JUDGE'S CONSENT

Groom Bride

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

WEDDING LOCATION: _____

LICENSE PAID

YES NO

MARRIAGE LICENSE WORKSHEET

**G
R
O
O
M**

1. Groom's Name (First) _____ (Middle) _____ (Last) _____			2. Age _____							
3. Birthplace (State or Foreign Country) _____		4. Date of Birth (Mo. Day Year) _____		5. Residence (No. and Street) _____		6. City or Town _____				
7. County _____		8. State _____		9. Supervision or Control of Guardian or Conservator (x One) Yes <input type="checkbox"/> No <input type="checkbox"/>						
10. Fathers Name _____				11. Birthplace (State or Foreign Country) _____						
12. Mothers Maiden Name _____				13. Birthplace (State or Foreign Country) _____						
14. Race _____	15. No of this Marriage _____	16. Death			17. Divorce	18. Annulment	19. Elementary (1-8)		20. High School (1-4)	21. College (1-5+)

**B
R
I
D
E**

22. Bride's Name (First) _____ (Middle) _____ (Last) _____			23. Age _____							
24. Birthplace (State or Foreign Country) _____		25. Date of Birth (Mo. Day Year) _____		26. Residence (No and Street) _____		27. City or Town _____				
28. County _____		29. State _____		30. Supervision or Control of Guardian or Conservator (x One) Yes <input type="checkbox"/> No <input type="checkbox"/>						
31. Fathers Name _____				32. Birthplace (State or Foreign Country) _____						
33. Mothers Maiden Name _____				34. Birthplace (State or Foreign Country) _____						
35. Race _____	36. No of this Marriage _____	37. Death			38. Divorce	39. Annulment	40. Elementary (1-8)		41. High School (1-4)	42. College (1-5+)

Contact Telephone # for Bride/Groom: _____
 Name, Address, Title of Person Performing Ceremony _____
 _____ Phone # _____