

Department of Public Health
MARRIAGE LICENSE WORKSHEET, NORWICH, CT

Date Applied _____

License Paid _____

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 | |
| | | GRADES 1-8 | GRADES 9-12 | COLLEGE (1-5+) | |
| 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 FULL NAME | | | FATHER'S FULL NAME | | |
| FATHER'S BIRTHPLACE (State or Foreign Country) | | MOTHER'S BIRTHPLACE (State or Foreign Country) | | FATHER'S BIRTHPLACE (State or Foreign Country) | |
| MOTHER'S FULL NAME (FIRST AND MAIDEN LAST NAME) | | | MOTHER'S FULL NAME (FIRST AND MAIDEN LAST NAME) | | |
| 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 | 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 |
| LAST RELATIONSHIP ENDED BY: 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 | | | LAST RELATIONSHIP ENDED BY: 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 | | |
| SOCIAL SECURITY # OF GROOM / SPOUSE | | | SOCIAL SECURITY # OF BRIDE / SPOUSE | | |

Date of Marriage: _____ **Telephone Number** _____

Person Performing Ceremony & Phone Number _____

Place of Marriage _____