State of Connecticut

07/10 - This form may be reproduced by the local registrar's office.

Department of Public Health MARRIAGE LICENSE WORKSHEET

GROOM / SPOUSE

BRIDE / SPOUSE

NAME ((First)	(Middle	!)		(Last)	NAME	(First)		(Middle	e)		(Last)	
SEX DATE OF BIRTH (Month, Day, Year) AC					AGE	SEX DATE OF BIRTH (Mont			onth Day	th. Dav. Year) AGE			
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SS#						SS#							
BOXES BELOW ARE FOR OFFICE USE.							BOXES BELOW ARE FOR OFFICE USE.						
OFFICIATOR'S NAME (FIRST) (LAST)							TELEPHONE NUMBER / E-MAIL ADDRESS OF BRIDE/GROOM/SPOUSE:						
OFFICIATOR'S ADDRESS							IDENTIFICATION: DATE LICENSE RECEIVED:						
LOCATION WHERE MARRIAGE CEREMONY WILL BE PERFORMED:							OATH GIVEN: # OF CC'S REQUESTED						
								(\$20	EACH):				
APPLICATION DATE:			DATE OF MARRIAGE CEREMONY:			SIGNATURES: DATE C			CC's M	CC's Mailed:			
EXPIRATION DATE (65 DAYS):			ISSUE DATE:			AMOUNT OF FEE PAID MAI			MAILING ADDRESS FOR CC'S:				
(30 27.1.0).							(420 . CC'o):						