

Department of Public Health

*** CCI ***

MARRIAGE LICENSE WORKSHEET

*** CCI ***

\$50.00 nonrefundable fee

Date Applied _____

SPOUSE 1

NAME (First) (Middle) (Last)				
SEX	DATE OF BIRTH (Month, Day, Year)		AGE	
BIRTHPLACE	EDUCATION (Number Years Completed)			
	GRADES 1-8 #	GRADES 9-12 #	COLLEGE #	
RESIDENCE (Number & Street)				
900 HIGHLAND AVENUE				
CITY OR TOWN	COUNTY	STATE		
CHESHIRE	NEW HAVEN	CT		
		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ____ YES ____ NO		
FATHER'S NAME (First, Middle, Last)				
MOTHER'S MAIDEN NAME (First, Middle, Last)				
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)		
# OF MARRIAGES INCL. THIS ONE	NUMBER OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS ____ MARRIAGE ____ 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				
SPOUSE 1 - SOCIAL SECURITY #				

SPOUSE 2

NAME (First) (Middle) (Last)				
SEX	DATE OF BIRTH (Month, Day, Year)		AGE	
BIRTHPLACE	EDUCATION (Number Years Completed)			
	GRADES 1-8 #	GRADES 9-12 #	COLLEGE #	
RESIDENCE (Number & Street)				
CITY OR TOWN				
CITY OR TOWN	COUNTY	STATE		
		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ____ YES ____ NO		
FATHER'S NAME (First, Middle, Last)				
MOTHER'S MAIDEN NAME (First, Middle, Last)				
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)		
# OF MARRIAGES INCL. THIS ONE	NUMBER OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS ____ MARRIAGE ____ 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				
SPOUSE 2 - SOCIAL SECURITY #				

*** THE LICENSE WILL BE VALID FOR 65 DAYS AFTER THE INMATE SIGNS THE LICENSE ***

*** For Office Use Only ***

Telephone # _____

License Paid: ____ yes ____ no