

Date applied: _____ City/Town of Marriage: NEW BRITAIN

State of Connecticut Marriage License Worksheet New Britain, CT

		Groom/Spouse	Bride/Spouse
FOR OFFICE USE ONLY	Signature and Oath		
	Guardian/Conservator Consent		
	License paid	<input type="checkbox"/> YES	<input type="checkbox"/> NO

GROOM/SPOUSE**BRIDE/SPOUSE**

Name (First) (Middle) (Last)				Name (First) (Middle) (Last)							
Sex		Date of Birth		Age		Sex		Date of Birth		Age	
Place of Birth (State or Country)			EDUCATION (No.Yrs Completed)			Place of Birth (State or Country)			EDUCATION (No.Yrs Completed)		
			Grade 1-8	High1-4	COLLEGE				Grade 1-8	High 1-4	COLLEGE
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				Race		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR			
		<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Father's Name						Father's Name					
Mother's Full Maiden Name						Mother's Full Maiden 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)		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNION	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS				NO. OF THIS MARRIAGE	NO. OF CIVIL UNION	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS			
		<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION						<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION			
LAST RELATIONSHIP ENDED BY:						LAST RELATIONSHIP ENDED BY:					
<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT						<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT					
<input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER						<input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					
SOCIAL SECURITY # OF GROOM/SPOUSE						SOCIAL SECURITY # OF BRIDE/SPOUSE					

FOR OFFICE USE ONLY

DATE OF MARRIAGE:	TELEPHONE NUMBERS:
DATE LICENSE ISSUED:	DATE LICENSE RETURNED:
OFFICIATOR'S NAME, ADDRESS & TELEPHONE NUMBER:	