

State of Connecticut

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office

Department of Public Health
MARRIAGE LICENSE WORKSHEET
HAMPTON

<i>SPOUSE ONE</i>				<i>SPOUSE TWO</i>									
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			EDUCATION (No. Yrs. Completed)				
			GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)				GRADE S 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	
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO						SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO							
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)							
FATHER/PARENT BIRTHPLACE State O or Foreign Country)			MOTHER/PARENT BIRTHPLACE (State or Foreign Country)			FATHER/PARENT BIRTHPLACE (State or Foreign Country)			MOTHER/PARENT BIRTHPLACE (State or Foreign Country)				
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)						MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)							
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS				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						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 # SPOUSE ONE						SOCIAL SECURITY # OF SPOUSE TWO							
<u>OFFICIATOR INFORMATION</u>													
OFFICIATOR'S NAME (FIRST) (LAST)													
OFFICIATOR'S ADDRESS						(PHONE)							
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: HAMPTON						PHONE NUMBER SPOUSE 1 OR 2:							

FOR OFFICE USE:	
Date Applied:	Date Received for Record:
Date of Marriage:	# of C.C.Prepaid:
Date License Issued:	Amount Paid:

COST:
\$50.00 license fee
\$20.00 certified copy
\$70.00 TOTAL
CASH, CHECK OR CREDIT