Department of Public Health

Updated:

MARRIAGE LICENSE WORKSHEET, MERIDEN, CT

Сору:

Date	Applied	
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GROOM / SPOUSE

BRIDE / SPOUSE

NAME (First)	(Mide	dle)	(Last)	NAME	(First)		(Middle)		(Last)	
SEX DATE OF BIRTH (Mo., Day, Year)			AGE	SEX	SEX DATE OF BIRTH (Mo., Day, Year) AGE					
BIRTHPLACE EDUCATION (No. Yrs. Completed) GRADES GRADES 9- COLLEGE 1-8			Completed) 9- COLLEGE (1-5+)	BIRTHP	LACE		GRADE GI S 1-8 9-	(No. Yrs. C RADES 12	ompleted) (20LLEGE (1-5+)	
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)						
CITY OR TOWN	96	COUNTY	STATE	CITY OF	NOT 9	١	COUNTY		STATE	
ZIPCODE	PCODE SÚPERVISION OR CONTROI GUARDIAN OR CONSERVAT						SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO			
FATHER'S FULL	NAME			FATHER	r'S FUL	L NAME				
FATHER'S BIRTHPLACE (State or or Foreign Country) MOTHER'S BIRTHPLACE (State or Foreign Country)			FATHER'S BIRTHPLACE (State or Foreign Country) MOTHER'S BIRTHPLACE (State or Foreign Country)					E (State or		
MOTHER'S FULL	MAIDEN NAME			MOTHE	R'S FUI	L MAIDEN NAME				
NO. OF THIS MARRIAGE	NO. OF CIVIL IF PREVIOUSLY IN MARRIAGE OF CIVIL UNION, LAST RELATIONSHIP WAS			NO. OF THIS NO. OF CIVIL IF PREVIOUSLY IN MARF OR CIVIL UNION, LAST RELATIONSHIP WAS						
		1. MARRIAGE 2.	CIVIL UNION				I.☐ MARRIAGE	2. CI	VIL UNION	
LAST RELATIONSHIP ENDED BY:				LAST RELATIONSHIP ENDED BY:						
1. DEATH 2. DISSOLUTION 3. ANNULMENT				1. DEATH 2. DISSOLUTION 3. ANNULMENT						
4. □PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER						
GROOM / SPOUSE - SOCIAL SECURITY # ONLY				BRIDE / SPOUSE - SOCIAL SECURITY # ONLY						
* THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION *										
*** For Office Use Only ***										
Dat	of Marriaga			Licens	e Paid	. \$				

Date of Marriage	License Paid: \$
Place of Marriage	Copy:
Officiator	Mail To Address:
Phone# R/G	