

State of Connecticut

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office

Department of Public Health**MARRIAGE LICENSE WORKSHEET**

Town of Hebron

FEE: \$50.00

Cash or check only

Payable to : Town of Hebron

SPOUSE 1**SPOUSE 2**

NAME (First) (Middle) (Last)				NAME (First) (Middle) (Last)			
SEX	DATE OF BIRTH (Month/ Day/ Year)		AGE	SEX	DATE OF BIRTH (Month/ Day/ Year)		AGE
BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Years Completed)		BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Years Completed)	
		GRADES (1-8)	GRADES (9-12)	COLLEGE (1-5+)			GRADES (1-8)
							GRADES (9-12)
							COLLEGE (1-5+)
RESIDENCE (Number and Street)				RESIDENCE (Number and Street)			
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN		COUNTY	STATE
RACE ////////////////////		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE ////////////////////		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
FATHER'S FULL NAME				FATHER'S FULL 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 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:				LAST RELATIONSHIP ENDED BY:			
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT				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				4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY # OF GROOM/SPOUSE				SOCIAL SECURITY # OF BRIDE/SPOUSE			

HOME/CELLULAR PHONE NUMBER OF BRIDE/GROOM/SPOUSE

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST)	(LAST)
OFFICIATOR'S ADDRESS (NUMBER AND STREET)	(TOWN) (STATE)
OFFICIATOR'S PHONE NUMBER	
DATE CEREMONY WILL BE PERFORMED	