State of Connecticut

7/10 This form may be reproduced by the local registrar's

Department of Public Health MARRIAGE LICENSE WORKSHEET

SPOUSE 2

Town of Hebron FEE: \$50.00 Cash or check only

Payable to: Town of Hebron

SPOUSE 1

NAME (First)	NAME (First) (Middle) (Last)						NAME (First) (Middle) (Last)						
SEX DATE OF BIRTH (Month/ Day/ Year) AGE						SEX DATE OF BIRTH (Month/ Day/ Year) AGE							
						<i> </i>							
BIRTHPLACE (State or Foreign Country) EDUCATION (No. Years Completed) GRADES GRADES COLLEGE						BIRTHPL	ACE (State or Foreign C	Country)		N (No. Year GRADES	rs Completed)	
(1-8)				(9-12)	(1-5+)	(1-8)					(9-12)	(1-5+)	
RESIDENCE (Number and Street)						RESIDENCE (Number and Street)							
CITY OR TOWN	COUNTY			STATE	CITY OR	CITY OR TOWN COL			Y STATE				
RACE		SUPERVISION OR CONTROL I						RVISION OR CONTROL BY					
/////// GUARDIAN OR CONSERVATOR YES NO						GUARDIAN OR CONSERVATOR YES						ATOR	
FATHER'S FULL NAME						FATHER'S FULL NAME							
MOTHER'S FULL MAIDEN NAME						MOTHER'S FULL MAIDEN NAME							
FATHER'S BIRTHP			R'S BIRTH			FATHER'S BIRTHPLACE MOTHER'S BIRTHPLACE							
(State or Foreign Country) (State or Foreign Country)						(State or Foreign Country) (State or Foreign Country)							
NO. OF THIS NO. OF CIVIL IF PREVIOUSLY IN MARRIAGE OR						NO. OF T		NO. OF CIVIL		/IOUSLY I		AGE	
MARRIAGE	RIAGE UNIONS CIVIL UNION, LAST RELATIONSHIP WAS :					MARRIAG	MARRIAGE UNIONS OR CIVIL UNION, LAST RELATIONSHIP WAS:						
	1. ☐MARRIAGE 2. ☐CIVIL UNION					1. ☐ MARRIAGE 2. ☐ CIVIL UNION							
LAST RELATIONS	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						4. ☐ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION							
PARTNER						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													
	DATE CEREMONY WILL BE PERFORMED												

^{**}PLEASE EMAIL YOUR COMPLETED WORKSHEET TO: FVILLANI@HEBRONCT.COM & EIRISH@HEBRONCT.COM**