

State of Connecticut

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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) GRADES (1-8) GRADES (9-12) COLLEGE (1-5+)		BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Years Completed) 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 : 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION		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	
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 # 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