

State of Connecticut

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by the local registrar's
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 : 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 | |