

State of Connecticut

Department of Public Health

Marriage License Fee: \$50.00

Certified Copy Fee: \$20.00

TOWN OF PROSPECT

MARRIAGE LICENSE WORKSHEET**Cash or check only****SPOUSE ONE****SPOUSE TWO**

NAME (First, Middle, Last)				Suffix				NAME (First, Middle, Last)				Suffix											
SEX		DATE OF BIRTH (Mo., Day, Year)				AGE		SEX		DATE OF BIRTH (Mo., Day, Year)				AGE									
BIRTHPLACE				EDUCATION (No. Yrs. Completed)				BIRTHPLACE				EDUCATION (No. Yrs. Completed)											
				GRADES 1-8		GRADES 9-12						COLLEGE (1-5+)		GRADES 1-8		GRADES 9-12		COLLEGE (1-5+)					
RESIDENCE (No. and Street)								RESIDENCE (No. and Street)															
CITY OR TOWN				COUNTY				STATE				CITY OR TOWN				COUNTY				STATE			
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO								SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO															
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) First, Last:								FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) First, Last:															
FATHER/PARENT BIRTHPLACE (State or Foreign Country)				MOTHER/PARENT BIRTHPLACE (State or Foreign Country)				FATHER/PARENT BIRTHPLACE (State or Foreign Country)				MOTHER/PARENT BIRTHPLACE (State or Foreign Country)											
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) First, Last:								MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE) First, Last:															
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 SPOUSE ONE								SOCIAL SECURITY # OF SPOUSE TWO															

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST)				(LAST)			
OFFICIATOR'S ADDRESS				TELEPHONE NUMBER			
MARRIAGE DATE		TOWN/LOCATION OF CEREMONY		APPLICANT'S PHONE NUMBER			

THIS LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION.

For Office Use Only

Date of Marriage: _____

Amount Paid: _____

Date & Time of Appointment: _____

Payment type: _____

Date Certified copy mailed: _____