

**State of Connecticut**

8/05 This form  
may be reproduced  
by the local registrar's  
office

**Department of Public Health  
CIVIL UNION LICENSE WORKSHEET**

**Party 1**

NAME (FIRST)		(MIDDLE)	(LAST)	SEX
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		DATE OF BIRTH (MO., DAY, YEAR)		AGE
RESIDENCE (NO. AND STREET)		(CITY OR TOWN)	(COUNTY)	(STATE)
SOCIAL SECURITY NUMBER		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER'S NAME		FATHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
MOTHER'S MAIDEN NAME		MOTHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
NO. OF THIS CIVIL UNION	NO. OF PREVIOUS MARRIAGES	IF PREVIOUSLY IN CIVIL UNION OR MARRIAGE, LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE/DISSOLUTION <input type="checkbox"/> ANNULMENT		
RACE	EDUCATION (NO. YEARS COMPLETED)	ELEMENTARY (1-8)	HIGH SCHOOL (1-4)	COLLEGE (1-5+)

**Party 2**

NAME (FIRST)		(MIDDLE)	(LAST)	SEX
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		DATE OF BIRTH (MO., DAY, YEAR)		AGE
RESIDENCE (NO. AND STREET)		(CITY OR TOWN)	(COUNTY)	(STATE)
SOCIAL SECURITY NUMBER		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER'S NAME		FATHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
MOTHER'S MAIDEN NAME		MOTHER'S BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
NO. OF THIS CIVIL UNION	NO. OF PREVIOUS MARRIAGES	IF PREVIOUSLY IN CIVIL UNION OR MARRIAGE, LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE/ DISSOLUTION <input type="checkbox"/> ANNULMENT		
RACE	EDUCATION (NO. YEARS COMPLETED)	ELEMENTARY (1-8)	HIGH SCHOOL (1-4)	COLLEGE (1-5+)

**Officiator**

OFFICIATOR'S NAME	(FIRST)	(LAST)
OFFICIATOR'S ADDRESS		
TOWN WHERE CEREMONY WILL BE PERFORMED:		