

License # _____

**STATE OF CT Department of Public Health
MARRIAGE LICENSE WORKSHEET – DARIEN, CT**



Signature & Oath _____ Yes _____ No Date Applied _____

License Paid _____ Yes _____ No

GROOM / SPOUSE ID Shown

BRIDE / SPOUSE ID Shown

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (Mo., Day, Year)	AGE (If minor, Probate Judge permission Is Required)	SEX	DATE OF BIRTH (Mo., Day, Year)	AGE (If minor, Probate Judge permission Is Required)
BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Yrs. Completed) GRADES 1-8 GRADES 9-12 COLLEGE (1-5+)	BIRTHPLACE (State or Foreign Country)		EDUCATION (No. Yrs. Completed) 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	
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN	
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		
GROOM / SPOUSE - SOCIAL SECURITY # ONLY (NOT TAX I.D. #)			BRIDE / SPOUSE - SOCIAL SECURITY # ONLY (NOT TAX I.D. #)		

(NOTICE: AS OF OCTOBER 1, 2009, YOU CAN ONLY APPLY IN THE TOWN WHERE THE CEREMONY IS TAKING PLACE)

******(MINORS – 16 AND 17 YEARS OLD – NEED PERMISSION FROM PROBATE JUDGE)******

*** THE LICENSE WILL ONLY BE VALID FOR 65 DAYS FROM THE DATE OF APPLICATION ***

*** For Office Use Only ***

Date of Marriage _____

Telephone Number _____

Date Licensed Issued _____

Signed out by: CD LB BB JR

Place of Marriage _____

Person Performing Ceremony & Phone Number _____