

State of Connecticut

8/05 This form  
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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 CT RECOGNIZED MARRIAGES	IF PREVIOUSLY IN CIVIL UNION OR CT RECOGNIZED MARRIAGE, LAST RELATIONSHIP WAS: <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> MARRIAGE		
		LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> 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 CT RECOGNIZED MARRIAGES	IF PREVIOUSLY IN CIVIL UNION OR CT RECOGNIZED MARRIAGE, LAST RELATIONSHIP WAS: <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> MARRIAGE		
		LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> 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	TELEPHONE NO.
TOWN WHERE CIVIL UNION CEREMONY WILL BE PERFORMED:	ANTICIPATED DATE OF CEREMONY: