

**MARRIAGE LICENSE
WORKSHEET**

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
150 WASHINGTON ST. HARTFORD, CT 06106

Town of Plymouth

Date Applied: _____

Town where marriage will occur _____

1. Groom's Name			First	Middle	Last	2. Age		
3. Birthplace (State or Foreign country)			4. Date of Birth		5. Residence (Street & No.)		6. City/Town	
7. County		8. State		9. Under Supervision or Control of Guardian or Conservator		Social Security No.		
				YES ___ NO ___				
10. Father's Name:					11. Birthplace:			
12. Mother's Maiden Name					13. Birthplace:			
14. Race		15. No. of this marriage		If previously married, Last Marriage ended by:			Education (No. years completed)	
				16. ___ Death 17. ___ Divorce 18. ___ Annulment			19. Elementary (1-8) 20. High School (1-4) 21. College (1-5+)	

22. Brides Name			First	Middle	Last	23. Age		
24. Birthplace (State or Foreign Country)			25. Date of Birth		26. Residence (Street & No.)		27. City/Town	
28. County		29. State		30. Under Supervision or Control of Guardian or Conservator		Social Security No.		
				YES ___ NO ___				
31. Father's Name:					32. Birthplace:			
33. Mother's Maiden Name					34. Birthplace:			
35. Race:		36. No. of this Marriage		If previously married, Last Marriage ended by:			Education (no. years completed)	
				37. ___ Death 38. ___ Divorce 39. ___ Annulment			40. Elementary (1-8) 41. High School (1-4) 42. College (1-5+)	

Below for Staff Use Only

	BRIDE	GROOM
1. Signature and Oath and ID must show ID – Passport accepted if not a citizen		
2. Waiver 4-days		
3. Parental Consent		
4. Judges Consent		
5. License paid - \$30	Yes	No

Date of Marriage:	Phone Number:
Date License Issued:	Date Received for Record:

Name & Title of Person Performing the Ceremony:
--