Wedding	Date:	
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State of Connecticut

7/10 This form may be reproduced by the local registrar's office

Department of Public Health MARRIAGE LICENSE WORKSHEET

GROOM/SPOUSE

BRIDE/SPOUSE

SEX DATE OF BIRTH (Month/ Dayl Year) AGE SEX DATE OF BIRTH (Month/ Dayl Year) AGE BIRTHPLACE (State or Foreign Country)	NAME	(First)	(Middle	e)		(Last)	NAME	(First)		(Middle)		(Last)	
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