

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

Name of Party 1 (First) (Middle) (Last)			Date of Birth (Mo., Day, Year)		Age	
1			2.		3.	
Sex	Birthplace (State or Foreign Country)	Residence (No. and Street)		City or Town		
4.	5.	6.		7.		
County		State	Race	Supervision or Control by Guardian or Conservator		
8.		9.	10.	11. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Father's Name				Birthplace (State or Foreign Country)		
12.				13.		
Mother's Maiden Name				Birthplace (State or Foreign Country)		
14.				15.		
No. of this Civil Union	No. of Previous Recognized Marriages	18a. If previously in Civil Union or Recognized Marriage, Last Relationship was		Education (No. yrs. Completed):		
		1. <input type="checkbox"/> Marriage	2. <input type="checkbox"/> Civil Union	Elementary	High School	College
16.	17.	18b. Last Relationship ended by		19.(1-8)	20. (1-4)	21. (1-5+)
		1. <input type="checkbox"/> Death	2. <input type="checkbox"/> Dissolution	3. <input type="checkbox"/> Annulment		
Social Security # of Party I						
Name of Party 2 (First) (Middle) (Last)			Date of Birth (Mo., Day, Year)		Age	
22.			23.		24.	
Sex	Birthplace (State or Foreign Country)	Residence (No. and Street)		City or Town		
25.	26.	27.		28.		
County		State	Race	Supervision or Control by Guardian or Conservator		
29.		30.	31..	32. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Father's Name				Birthplace (State or Foreign Country)		
33.				34.		
Mother's Maiden Name				Birthplace (State or Foreign Country)		
35.				36.		
No. of this Civil Union	No. of Previous Recognized Marriages	39a. If previously in Civil Union or Recognized Marriage, Last Relationship was		Education (No. yrs. Completed):		
		1. <input type="checkbox"/> Marriage	2. <input type="checkbox"/> Civil Union	Elementary	High School	College
37.	38.	39b. Last Relationship ended by		40.(1-8)	41. (1-4)	42. (1-5+)
		1. <input type="checkbox"/> Death	2. <input type="checkbox"/> Dissolution	3. <input type="checkbox"/> Annulment		
Social Security # of Party 2						
Date of Civil Union			Date License Issued			
Officiator's Name (First)			Officiator's Name (Last)			
Officiator's Address and/or Phone Number						
Town Where Civil Union Ceremony will be performed						
Date Received for Record						