

REQUEST FOR COPY OF MARRIAGE CERTIFICATE

VS-39M Revised: 11/12/08

PLEASE PRINT

DO NOT MAIL CASH

GROOM/SPOUSE	FULL LEGAL NAME BEFORE MARRIAGE FIRST MIDDLE LAST
BRIDE/SPOUSE	FULL LEGAL NAME BEFORE MARRIAGE FIRST MIDDLE LAST
DATE OF MARRIAGE (MONTH/DAY/YEAR)	PLACE OF MARRIAGE (TOWN)

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-51A, ONLY THE BRIDE, GROOM, SPOUSE, OFFICIATOR OF THE MARRIAGE, TOWN CLERK OR REGISTRAR LISTED ON THE MARRIAGE CERTIFICATE, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A MARRIAGE CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBERS OF THE BRIDE, GROOM OR SPOUSE.

ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE MARRIAGE CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBERS.

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NO.: _____ **E-MAIL ADDRESS (optional):** _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE: X _____

\$20.00 Per Copy AMOUNT ATTACHED: \$ _____

Mailing Address: Town Clerk
29 West Avenue
Essex, CT 06426