

REQUEST FOR COPY OF MARRIAGE CERTIFICATE

VS-39M Revised: 6/26/07

PLEASE PRINT

DO NOT MAIL CASH

GROOM	FULL NAME			
	FIRST	MIDDLE	LAST	
BRIDE	FULL 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, 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 AND GROOM. 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** _____

THE LEGAL FEE IS \$10.00 PER COPY.

NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: \$ _____

FEE: \$10.00 PER COPY MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF MARRIAGE
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF MARRIAGE
FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN
at the Department of Public Health website: <http://www.dph.state.ct.us/pb/hisr/townclerks.htm>