Request for a Certified Copy of Marriage Record from the Town of Essex Vital Records

VS-39M Revised: 9/10/2009

PLEASE PRINT

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Record offices in Connecticut, please refer to our website at www.ct.gov/dph.com.

DO NOT MAIL CASH

	Full Legal Name Be	fore Marriage	
Groom/Spouse	First	Middle	Last
	Full Legal Name Before Marriage		
Bride/Spouse	First	Middle	Last
Date of Marriage * (Month/Day/Year))		Town of Marriage	
authorized by the Departm	ent of Public Health, shall	be issued a certified copy	spouse listed on the marriage certificate or other persons of a marriage certificate containing the Social Security rtified copy of the marriage certificate without the social
PERSON MAKING THIS	REQUEST:		
Name:			
First		Middle	Last Name
Address:			
Number		Street	
Town/City:		State:	Zip Code:
Telephone No.:		_ E-Mail Address: (optional):	
Relation to Person Na	amed in Certificate:		
Signature:			
Number of Copies Re	quested:	Amount Enclose	ed: \$
FEE: \$20.00 PER COPY. Remit a <u>Check or Postal Money Order</u> made payable to the Town Clerk 29 West Avenue, Essex, CT 06426			

^{*} Note: Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town of the event. Refer to our website at www.ct.gov/dph for town contact information.