Request for a Certified Copy of $\underline{Marriage}$ Record from the $\underline{Town/Citv}$ Vital Records

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.

PLEASE PRINT		DO NOT MAIL CASH		
Groom/Spouse	Full Legal Name First	Before Marriage Middle	Last	
Bride/Spouse	Full Legal Name First	Before Marriage Middle	Last	
Date of Marriage * (Month/Day/Year))	Town of Marriage	<u>- </u>	
informed by the Departme	int of Public Health, sh	A, only the bride, groom or spouse lis all be issued a certified copy of a ma- requesters will receive a certified cop	rriage certificate containing the Social	Cecurity
ERSON MAKING THIS	REQUEST:			
ame:				
First		Middle	Last Name	-
Number		Street		
own/City:		State:	Zip Code:	
		_E-Mail Address: (optional):		
lation to Person Nan	ned in Certificate:			
gnature:		¥ ₀		
•		e Certificate at the State or	lown is \$20.00 per copy.	
mber of Copies Requ	testea:	Amount Enclosed: \$		
E: \$20.00 PER COF		<i>l Money Order</i> made payable to onal Checks are not accepted)	the City/Town	
	(Perso	onar checks are not accepted)		

^{*} 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.