

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** _____

THE LEGAL FEE IS \$20 PER COPY.

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

FEE: \$20 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/oppe/townclerks.htm>