

REQUEST FOR COPY OF MARRIAGE CERTIFICATE

VS-39M Revised: 10/13/09

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: \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_

THE LEGAL FEE IS \$20.00 Per Copy  
 NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ATTACHED: \$ \_\_\_\_\_

FEE: ~~20.00~~ 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

ATTACH A COPY OF PICTURE IDENTIFICATION HERE:

Mail requests to:  
 Town Clerk  
 Town of East Lyme  
 P.O. Box 519  
 Niantic, CT 06357