

**REQUEST FOR COPY OF MARRIAGE CERTIFICATE**

VS-39M Revised: 10/1/09

**PLEASE PRINT**

**DO NOT MAIL CASH**

<b>GROOM/SPOUSE</b>	FULL LEGAL NAME BEFORE MARRIAGE		
	FIRST	MIDDLE	LAST
<b>BRIDE/SPOUSE</b>	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 \$20.00 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  
at the Department of Public Health website: <http://www.dph.state.ct.us/oppe/townclerks.htm>

Mail to: Town Clerk's Office  
Westport Town Hall  
110 Myrtle Avenue  
Westport CT 06880