

REQUEST FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE

Revised: 10/2010

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, 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. REQUESTER MUST BE 18 YEARS OF AGE OR OLDER.

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ E-MAIL ADDRESS (optional): _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE: **X** _____

THE FEE IS \$20.00 PER CERTIFIED COPY

NUMBER OF COPIES REQUESTED: _____ AMOUNT ENCLOSED: _____

FEE: \$20.00 PER CERTIFIED COPY. MONEY ORDER OR CHECK MADE PAYABLE TO THE TOWN OF WESTPORT

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