Request for a Certified Copy of Marriage Record from the Town/City Vital Records

VS-39M Revised: 9/10/2009

PLEASE PRINT

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.

DO NOT MAIL CASH

	Full Legal Name	 Refore Marriage		
Groom/Spouse	First	Middle	Last	
	Full Legal Name	Full Legal Name Before Marriage		
Bride/Spouse	First	Middle	Last	
Date of Marriage * (Month/Day/Year))		Town of Marriage		
authorized by the Dep	artment of Public Health, e bride, groom or spouse.	shall be issued a certified cop	use listed on the marriage certificate or other persons py of a marriage certificate containing the Social a certified copy of the marriage certificate without	
PERSON MAKING TI	HIS REQUEST:			
Name:				
First		Middle	Last Name	
Address:				
Number		Street		
Town/City:		_ State:	Zip Code:	
Telephone No.:		E-Mail Address: (optional):		
Relation to Person Named in Certificate:				
Signature:				
The fee f	for a copy of Marria	ge Certificate at the Stat	te or Town is \$20.00 per copy.	
Number of Copies	Requested:	Amount Enclosed:	\$	
		ck or money order made pa accepted (non-refundable		
Mail this request to	the City/Town (for to	wn contact information, re	efer to our website at www.ct.gov/dph).	

* **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.