

REQUEST FOR COPY OF MARRIAGE CERTIFICATE

PLEASE PRINT

DO NOT MAIL CASH

Bride/Groom/Spouse: Full Legal Name Before Marriage: (First, Middle, Last)	
Bride/Groom/Spouse: Full Legal Name Before Marriage: (First, Middle, Last)	
Date of Marriage: (Month/Day/Year)	Town of Marriage:

PLEASE NOTE: In accordance with C.G.S. §7-51A, only the bride, groom or spouse 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

Relation to Person Named In Certificate: _____

Reason for Making Request: _____

() _____ **Signature:** _____
Telephone No. E-mail address (optional)

Requester must attach a copy of a picture identification.

The fee for a certified copy of a Marriage Certificate is \$20.00 per copy.

of Copies Requested _____ Amount Enclosed \$ _____

Please mail this request with a check or money order made payable to: Town Clerk, Woodbury. Mail request to: Town Clerk, Woodbury, 281 Main Street South, Woodbury, CT 06798.

For town contact information, refer to the Town Vital Records Directory on the Department of Public Health's Vital Records website at www.ct.gov/dph.com.