REQUEST FOR COPY OF MARRIAGE CERTIFICATE

DATE: ________________________________

REVISED: 07/25/2013

PLEASE PRINT

DATE OF MARRIAGE: ______ / ______ / ______ TOWN OF MARRIAGE: ____________________________

GROOM/SPouse:

FULL LEGAL NAME BEFORE MARRIAGE (FIRST) (MIDDLE) (LAST)

BRIDE/SPouse:

FULL LEGAL NAME BEFORE MARRIAGE (FIRST) (MIDDLE) (LAST)

PLEASE NOTE: In accordance with C.G.S. #7-51A, only 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, spouse. All other requesters will receive a certificate without the social security numbers.

PERSON MAKING THIS REQUEST:

NAME: ____________________________________________________________

(First) (Middle) (Last)

ADDRESS: _______________________________________________________

(Number) (Street)

TOWN/CITY ______________________ STATE ______________ ZIP CODE ______

RELATIONSHIP TO PERSON NAME IN CERTIFICATE: ________________________________ (SELF, PARENT, ETC.)

SIGNATURE: ___________________________________________________________________

REASON FOR THE REQUEST: ______________________________________________________

TELEPHONE: ______ - ______ - ______

(PERSONAL RECORDS, PASSPORT, INSURANCE, ETC.)

EMAIL ADDRESS: _______________________________________________________________

FULL SIZE - $20.00 EA. ______ X $20.00 = $_________

# OF COPIES

PLEASE DO NOT MAIL CASH MAKE CHECKS PAYABLE TO: EAST HAMPTON TOWN CLERK

Attach of copy of the requester’s valid government issued photo id or passport or two (2) forms of the following:
- Social Security card
- Written verification of identity from employer
- Automobile registration
- Copy of utility bill showing name and address
- Voter’s registration card

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 the event occurred. Refer to our website at www.ct.gov/dph for town contact information.

PLEASE MAIL THIS REQUEST FORM ALONG WITH A CHECK OR MONEY ORDER TO:

1 COMMUNITY DRIVE

EAST HAMPTON, CT 06424

PLEASE CALL (860) 267-2519 IF YOU HAVE ANY QUESTIONS