

Date: \_\_\_\_\_

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

VS-39M Revised: 9/10/2009

PLEASE PRINT

DO NOT MAIL CASH

Groom/Spouse	<u>Full Legal Name Before Marriage</u>		
	First	Middle	Last
Bride/Spouse	<u>Full Legal Name Before Marriage</u>		
	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: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail Address: (optional): \_\_\_\_\_

Relation to Person Named in Certificate: \_\_\_\_\_

Signature: \_\_\_\_\_

**The fee for a copy of Marriage Certificate at the State or Town is \$20.00 per copy.**

Number of Copies Requested: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

**PLEASE INCLUDE A PHOTO COPY ID OF THE PERSON MAKING THE REQUEST.**

Make checks payable to:

East Hampton Town Clerk  
20 East High Street  
East Hampton, CT 06424

For questions, please feel free to contact this office at (860) 267-2519 x 5.

\* 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](http://www.ct.gov/dph) for town contact information.