## Request for a Certified Copy of ${f Marriage}$ Record from the ${f State}$ Vital Records Office

VS-39MST Revised: 9/10/09

## PLEASE PRINT

DO NOT MAIL CASH

Groom/Spouse	Full Legal Name Bef First	f <mark>ore Marriage</mark> Middle	Last
Bride/Spouse	<b>Full Legal Name Bef</b> First	<b>fore Marriage</b> Middle	Last
<b>Date of Marriage *</b> (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: (optio	onal):
Relation to Person Named in Certificate:		
Signature:		
The fee for a copy of Marriage	Certificate at the Sta	ate or Town is \$20.00 per copy.
Number of Copies Requested:	Amount Enclose	d: \$
FEE: \$20.00 PER COPY. Remit a <u>Posta</u> (Perso	<u>al Money Order</u> made p nal Checks are not acc	
	Mail This Request To:	
Connectio	cut Department of Publ	lic Health
	Vital Records Section	
Custo	omer Services, MS # 11	VRS
	P.O. Box 340308	

Hartford, CT 06134-0308

\* 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 <u>www.ct.gov/dph</u> for town contact information.