



TODAY'S DATE:

____/____/20____

REQUEST FOR MARRIAGE CERTIFICATE

PLEASE PRINT CLEARLY

GROOM/SPOUSE FULL NAME:

FIRST

MIDDLE

LAST

BRIDE/SPOUSE FULL MAIDEN NAME:

FIRST

MIDDLE

LAST

DATE OF MARRIAGE:

PLACE OF MARRIAGE:

Please Note: Only the Bride/Groom/Spouse or Officiator of the Marriage, Town Clerk or Registrar 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 certified copy of the Marriage Certificate without the social security numbers.

PERSON MAKING THIS REQUEST:

NAME:

FIRST

MIDDLE

LAST

ADDRESS:

TOWN, STATE, ZIP:

TELEPHONE:

E-MAIL:

SIGNATURE:

(ink) _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE:

REASON FOR MAKING REQUEST: _____

PLEASE HAVE IDENTIFICATION READY WITH THIS APPLICATION.

CERTIFIED CERTIFICATE: LEGAL FEE \$20.00 PER COPY

_____ COPIES

\$ _____ AMOUNT ATTACHED

If you are requesting copies by mail, you may mail this **request form** along with a copy of the requester's **Driver's License** or picture identification and verification of relationship along with a **check** or money order made payable to the **Cheshire Town Clerk**.

CHESHIRE TOWN CLERK
84 SOUTH MAIN STREET
CHESHIRE, CT 06410