

Date: _____

REQUEST FOR COPY OF MARRIAGE CERTIFICATE

Revised: 7 10/1/2009

PLEASE PRINT

DO NOT MAIL CASH

GROOM	FULL NAME			
	FIRST	MIDDLE	LAST	
BRIDE	FULL NAME BEFORE MARRIAGE			
	FIRST	MIDDLE	LAST	
DATE OF MARRIAGE (MONTH/DAY/YEAR)		PLACE OF MARRIAGE TOWN		

PLEASE NOTE: ONLY THE BRIDE AND GROOM APPEARING ON THE MARRIAGE CERTIFICATE SHALL RECEIVE A CERTIFIED COPY OF SUCH CERTIFICATE INCLUDING THEIR SOCIAL SECURITY NUMBERS AS SPECIFIED IN PA 97-7.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBERS OF THE BRIDE AND GROOM TO COMPLY WITH THE PROVISIONS OF PA 97-7.

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: **X** _____

THE LEGAL FEE IS \$20.00 PER COPY.

NUMBER OF COPIES WANTED: _____ 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.