REQUEST FOR A CERTIFIED COPY OF A CIVIL UNION LICENSE

EHAMDEN TOWN CLERK
2750 Dixwell Avenue
HAMDEN, CT O6518
(203) 287-7112

PLEASE PRINT

PARTY #1:	Full Name	First	Middle	Last
PARTY #2	Full Name	First	Middle	Last

DATE OF CIVIL UNION (Month/Day/Year)	**PLACE OF CIVIL UNION** (Town)

INDIVIDUALS SPECIFIED ON THE LICENSE, INCLUDING PARTY #1 AND PARTY #2, OFFICIATOR OF THE CIVIL UNION AND TOWN CLERK OR REGISTRAR, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH AND ONLY THOSE SHALL BE ISSUED A CERTIFIED COPY OF A CIVIL UNION LICENSE CONTAINING THE SOCIAL SECURITY NUMBERS OF PARTY #1 AND PARTY #2. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY WITH THE NUMBERS REMOVED.

PERSON MAKING THE REQUEST: **(COPY OF PHOTO I.D. MUST BE INCLUDED)**

Note: Mail this completed application and fee to the above address.

NAME:

ADDRESS:

TOWN/CITY: STATE: ZIP CODE:

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____

I DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE: _____ **DATE:** _____

THE FEE IS $10.00 PER COPY:

NUMBER OF COPIES WANTED: _____ AMOUNT ENCLOSED: $ _____

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST.

MONEY ORDER/CHECK MUST BE MADE OUT TO: HAMDEN TOWN CLERK

NO PERSONAL OUT-OF-STATE CHECKS ACCEPTED

amended 7.07