REQUEST FOR A CERTIFIED COPY OF A MARRIAGE LICENSE

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

PLEASE PRINT

GROOM/ SPOUSE:	Full Name	First	Middle	Last
BRIDE/ SPOUSE:	Full Name **Before** Marriage	First	Middle	Last

DATE OF MARRIAGE (Month/Day/Year)	**PLACE OF MARRIAGE** (Town)

PARTIES SPECIFIED ON THE LICENSE, INCLUDING THE BRIDE, GROOM,SPOUSE, 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 MARRIAGE LICENSE CONTAINING THE SOCIAL SECURITY NUMBERS OF THE BRIDE,GROOM,SPOUSE. 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:		**PHONE #:**
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 $20.00 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

Revised 03-31-2010