

REQUEST FOR A CERTIFIED COPY OF A MARRIAGE LICENSE

HAMDEN TOWN CLERK
2750 Dixwell Avenue
HAMDEN, CT 06518
(203) 287-7112

PLEASE PRINT

| | | | | |
|--|----------------------------------|-------|---------------------------------|------|
| GROOM/ SPOUSE: | Full Name | First | Middle | Last |
| | | | | |
| BRIDE/ SPOUSE: | Full Name <u>Before</u> 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: \$ _____

| |
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| 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 |