

REQUEST FOR CERTIFIED COPY OF MARRIAGE LICENSE

NAME ON LICENSE:

NAME ON LICENSE:

DATE OF MARRIAGE: _____

SIGNATURE OF PERSON
MAKING THIS REQUEST: _____

PRINTED NAME: _____

MAILING ADDRESS: _____

NUMBER OF CERTIFIED COPIES WANTED _____

EMAIL ADDRESS _____

(for any questions)

**PLEASE RETURN THIS APPLICATION WITH A *CHECK FOR \$20.00
PAYABLE TO TOWN OF GREENWICH, ALONG WITH A SELF ADDRESSED, STAMPED ENVELOPE
#10 (LEGAL SIZE) AND XEROX OF GOVERNMENT ISSUED PICTURE ID**

TO: VITAL STATISTICS
TOWN HALL
P.O. BOX 2540
GREENWICH, CT 06836-2540

*Returned check fee \$25