

APPLICATION FOR MARRIAGE CERTIFICATE

PLEASE PRINT CLEARLY

NAME:	FULL LEGAL NAME BEFORE MARRIAGE: First Middle Last
NAME:	FULL LEGAL NAME BEFORE MARRIAGE: First Middle Last
DATE OF MARRIAGE: (Month/Day/Year)	TOWN OF MARRIAGE

Note: Per CT law (C.G.S. 7-51A), only the spouses listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage certificate containing the Social Security numbers of the parties listed on certificate. All other requesters will receive a certified copy of the marriage certificate without the social security number.

If Social Security numbers are wanted on the certificate, please enclose a copy of your photo ID and check here:

PERSON MAKING THIS REQUEST:

Name: _____
First Middle Last Name

Address: _____
Number Street Apt/Unit Town/City State Zip Code

E-Mail Address: _____

Signature: X _____

The fee for a copy of a Marriage Certificate is \$20.00 per copy.

Number of Copies Requested: _____ **Amount Enclosed:** _____

Please send this request, a self-addressed stamped envelope with a Check or Postal Money Order made payable to the Town of Greenwich to:

Vital Records
Town Hall
PO Box 2540
Greenwich, CT 06836-2540

If using an overnight service other than the Post Office, please use this address:

Vital Records, Town Hall, 101 Field Point Road, Greenwich, CT 06830