Request for a Certified Copy of a Marriage Certificate from the Town of Sherman

Groom/Spouse	**Full Legal Name Before Marriage** First Middle Last	
Bride/Spouse	**Full Legal Name Before Marriage** First Middle Last	
Date of Marriage (Month/Day/Year)	**Town of Marriage**	

PLEASE NOTE: In accordance with C.G.S. §7-51A, only the bride, groom or spouse 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 bride, groom or spouse. All other requesters will receive a certified copy of the marriage certificate without the Social Security numbers.

PERSON MAKING THIS REQUEST:

Name: _____
First Middle Last Name

Address: _____
Number Street

Town/City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____ **Email Address (optional):** _____

Relation to Person Named in Certificate: _____

Signature: X_____ **Date:** _____

The fee for a copy of a Marriage Certificate from the Town of Sherman is $20.00 per copy.

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

Please send this request with a Check or Money Order made payable to the Town of Sherman.
Mail this request to: Attn: Town Clerk, Town of Sherman, PO Box 39, Sherman, CT 06784