Request for a Certified Copy of Marriage Record from the Town/City Vital Records

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Record offices in Connecticut, please refer to our DPH Town Directory

Middle

Last

PLEASE PRINT DO NOT MAIL CASH

First

Full Legal Name Before Marriage

Groom/Spouse				
Bride/Spouse	Full Legal Name Before Marriage First Middle Last		Last	
Date of Marriage * (Month/Day/Year)		Town of Marria	ge	
other persons authorized I containing the Social Secu	by the Department of Public	Health, shall be issue room or spouse. All of	pouse listed on the marriage ce ed a certified copy of a marriage ther requesters will receive a ce	certificate
PERSON MAKING THIS RE	•			
Name:				
First	Midd	le	Last	
Address:				
Number	Street			
Town/City:	State: _		Zip Code:	
Telephone No.:	E-Mail Address: (optional)			
Relation to Person Named	I in Certificate			_
Signature:				
The fee	e for a copy of Marriage Cer	tificate at the State o	r Town is \$20.00 per copy.	
lumber of Copies Requested: Amount Enclosed: \$				

FEE: \$20.00 PER COPY. Checks should be made payable to the Town of Winchester.

*Note: Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of request should be sent to the Vital Records office in the town of the event. Refer to our website at www.ct.gove/dph for town contact information.