

REQUEST FOR COPY OF MARRIAGE CERTIFICATE

DATE: _____

- PLEASE PRINT
- DO NOT MAIL CASH

SPOUSE:	FULL NAME (FIRST) (MIDDLE) (LAST) (Suffix) AS APPEARS ON CERTIFICATE
SPOUSE:	FULL NAME (FIRST) (MIDDLE) (LAST) (Suffix) AS APPEARS ON CERTIFICATE
DATE OF MARRIAGE (Month/Day/Year)	
PLACE OF MARRIAGE (Town)	

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. A driver's license (or copy if mailed) must be provided to prove identity. All other requestors will receive a certified copy of the marriage certificate without the social security numbers.

PERSON MAKING THIS REQUEST:

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Number) (Street)

TOWN/CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBER: _____ **EMAIL (OPTIONAL):** _____

RELATION TO PERSON NAMED IN CERTIFICATE: _____

SIGNATURE: X _____

THE LEGAL FEE IS \$20.00 PER COPY.

NUMBER OF COPIES REQUESTED: _____ **AMOUNT ENCLOSED:** _____

FEE: \$20.00 PER COPY. MAKE CHECK PAYABLE TO RIDGEFIELD TOWN CLERK. A DRIVER'S LICENSE (OR COPY, IF MAILED) MUST BE PROVIDED TO PROVE IDENTITY. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE MARRIAGE CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBERS.

**MAIL THIS REQUEST WITH PAYMENT TO:
RIDGEFIELD TOWN CLERK
400 MAIN STREET
RIDGEFIELD, CT 06877.**