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

VS-39M Revised: 9/10/2009

Mail this request to: Montville Town Clerk, 310 Norwich New London Tpke, Uncasville, CT 06382

PLEASE PRINT				
	Full Legal Name Bef	oro Marriago		
Groom/Spouse	First	Middle	Last	
Full Legal Name Before Marriage				
Bride/Spouse	First	Middle	Last	
Date of Marriage * (Month/Day/Year))		Town of Marriage		
authorized by the Departme	ent of Public Health, shall b	be issued a certified copy	spouse listed on the marriage certificate or other of a marriage certificate containing the Social rtified copy of the marriage certificate without	al Security
PERSON MAKING THIS	REQUEST:			
Name:				_
First		Middle	Last Name	_
Address:				
Number		Street		_
Fown/City: S		State:	Zip Code:	_
Telephone No.: E		E-Mail Address: (opti	onal):	_
Relation to Person Na	med in Certificate:			
Signature:				_
The fee for	a copy of Marriage	Certificate at the S	State or Town is \$20.00 per copy.	
Number of Copies Rec	quested:	Amount Enclose	ed: \$	
FEE: \$20.00 PER COPY. Remit a <u>Check or Money Order</u> made payable to <u>Montville Town Clerk</u> Please include a photocopy of the requesters photo identification.				
Mail this request	•		h New London Tpke, Uncasville, C	T 06382
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www.townofmontville.org (860) 848-6784 townclerk@montville-ct.org