

Request for a Certified Copy of Marriage Record

VS-39MST Revised: 9/10/09

PLEASE PRINT

DO NOT MAIL CASH

Groom/Spouse	<u>Full Legal Name Before Marriage</u> First Middle Last		
Bride/Spouse	<u>Full Legal Name Before Marriage</u> 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. **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.

PERSON MAKING THIS REQUEST:

Name:

_____ First Middle Last Name

Address:

_____ Number Street

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

Telephone No.: _____ **E-Mail Address: (optional):** _____

Relation to Person Named in Certificate: _____

Signature: _____

The fee for a copy of Marriage Certificate at the State or Town is \$20.00 per copy.

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

FEE: \$20.00 PER COPY. Remit a check made 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 To:

**Ridgefield Town Clerk
400 Main Street
Ridgefield, CT 06877**