

MIDDLETOWN HEALTH DEPARTMENT

Vital Statistics

245 deKoven Drive
Middletown, CT 06457
860-638-4960



REQUEST FOR A CERTIFIED COPY OF A MARRIAGE CERTIFICATE

PLEASE
PRINT

Today's Date _____

Full Legal Names Before Marriage

Groom/Spouse 1: _____
First Middle Last

Bride/Spouse 2: _____
First Middle Last

Date of Marriage: _____ Town of Marriage: _____

Person Making This Request

Name: _____
First Middle Last

Address: _____
Street

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

Telephone Number: _____ E-mail Address: _____

Relation to Person Named in Certificate*: _____

Signature: X _____

* 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.

If authorized, would you like the Social Security numbers to appear on the copies? No Yes*

* If Yes, the bride, groom or spouse must submit a copy of their photo ID. Requests submitted without photo ID will not be processed and will be returned.

For mail requests, send the completed request form to the above address along with a self-addressed, stamped envelope, payment, and any proof of relationship required as explained above.

The fee for a certified copy of a Marriage Certificate is \$20 per copy. Forms of payment accepted: cash, check or money order made payable to: **Middletown Health Department**

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