

REQUEST FOR A STATE CERTIFIED COPY OF MARRIAGE RECORD

VS-39MST Revised: 12/9/03

PLEASE PRINT

DO NOT MAIL CASH

GROOM	FULL NAME	FIRST	MIDDLE	LAST
BRIDE	FULL NAME BEFORE MARRIAGE	FIRST	MIDDLE	LAST
DATE OF MARRIAGE (MONTH/DAY/YEAR)	PLACE OF MARRIAGE TOWN			

PLEASE NOTE: ONLY THE BRIDE AND GROOM APPEARING ON THE MARRIAGE CERTIFICATE SHALL RECEIVE A CERTIFIED COPY OF SUCH CERTIFICATE INCLUDING THERE SOCIAL SECURITY NUMBERS AS SPECIFIED IN PA 97-7.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBERS OF THE BRIDE AND GROOM TO COMPLY WITH THE PROVISIONS OF PA 97-7.

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

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

SIGNATURE: **X** _____

THE LEGAL FEE IS \$5.00 PER COPY.

NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: \$ _____

FEE: \$5.00 PER COPY. MONEY ORDER MADE PAYABLE TO: 'TREASURER, STATE OF CT'

MAIL THIS REQUEST TO:

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION
CUSTOMER SERVICES, MS 11VRS
P.O. BOX 340308
HARTFORD, CT 06134-0308**