MIDDLETOWN HEALTH DEPARTMENT
Vital Statistics
245 deKoven Drive
Middletown, CT 06457

860-638-4960

www.MiddletownCT.gov

By_____

REQUEST FOR A CERTIFIED COPY OF A MARRIAGE CERTIFICATE

PLEASE PRINT TODAY'S DATE_____

Full Legal Names BEFORE Marriage

Spouse 1: _____
First Middle Last

Spouse 2: _____
First Middle Last

Date of Marriage: _____ Town of Marriage: _____

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: $_____

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.

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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.