CITY OF NEW LONDON, CONNECTICUT
REQUEST FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE

PLEASE PRINT * DO NOT MAIL CASH *****

CERTIFICATE # 1
GROOM/SPOUSE FULL NAME:_____
FIRST MIDDLE LAST NAME

BRIDE/SPOUSE FULL NAME : _____

DATE OF MARRIAGE: _____/_____/_____ PLACE OF MARRIAGE: _____
MONTH DAY YEAR CITY/TOWN

CERTIFICATE # 2
GROOM/SPOUSE FULL NAME:_____
FIRST MIDDLE LAST NAME

BRIDE/SPOUSE FULL NAME : _____

DATE OF MARRIAGE: _____/_____/_____ PLACE OF MARRIAGE: _____
MONTH DAY YEAR CITY/TOWN

PERSON MAKING THIS REQUEST:

NAME_____
FIRST MIDDLE LAST

ADDRESS: _____

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

DAYTIME TELEPHONE #: _____ EMAIL: _____

RELATION TO PERSON NAMED IN CERTIFICATE: _____

REASON FOR MAKING REQUEST:_____

SIGNATURE:

X_____DATE: _____

NUMBER OF CERTIFIED COPIES: _____

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION

FEE: $20.00 EACH AND INCLUDE A SELF ADDRESSED STAMPED BUSINESS SIZE ENVELOPE. CHECK OR MONEY ORDER MADE PAYABLE TO NEW LONDON CITY CLERK. MAIL THIS REQUEST WITH PAYMENT TO:

CITY CLERK, CITY OF NEW LONDON
181 STATE STREET
NEW LONDON, CT 06320

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-51A, ONLY THE BRIDE, GROOM, SPOUSE, OFFICIATOR OF THE MARRIAGE, CITY/TOWN CLERK OR REGISTRAR 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.

Revised 10/2009