

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

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

<small>CERTIFICATE # 1</small>	
GROOM/SPOUSE FULL NAME: _____	
<small>FIRST</small>	<small>MIDDLE</small>
	<small>LAST NAME</small>
BRIDE/SPOUSE FULL NAME : _____	
DATE OF MARRIAGE: ____/____/____ PLACE OF MARRIAGE: _____	
<small>MONTH</small>	<small>DAY</small>
	<small>YEAR</small>
	<small>CITY/TOWN</small>

<small>CERTIFICATE # 2</small>	
GROOM/SPOUSE FULL NAME: _____	
<small>FIRST</small>	<small>MIDDLE</small>
	<small>LAST NAME</small>
BRIDE/SPOUSE FULL NAME : _____	
DATE OF MARRIAGE: ____/____/____ PLACE OF MARRIAGE: _____	
<small>MONTH</small>	<small>DAY</small>
	<small>YEAR</small>
	<small>CITY/TOWN</small>

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.