



Office of the Town Clerk
Town of Seymour

REQUEST FOR CERTIFIED COPY OF MARRIAGE LICENSE

DATE OF REQUEST:

GROOM.S NAME:

BRIDES MAIDEN NAME:

DATE OF MARRIAGE:

CITY or TOWN of MARRIAGE:

PERSON MAKING THIS REQUEST:

NAME:

ADDRESS:

TOWN/CITY:

STATE/ZIP:

SIGNATURE:

NUMBER OF COPIES REQUESTED:

THE LEGAL FEE IS **\$20.00** PER CERTIFIED COPY

Mail this request with payment to:
Seymour Town Clerk
1 First Street
Seymour, CT 06483

Also, please send a copy of your picture I.D. when requesting via mail.