

REQUEST FOR COPY OF MARRIAGE CERTIFICATE

PLEASE TYPE or 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		

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
NUMBER STREET

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

TELEPHONE NO: _____ **E MAIL (OPTIONAL)** _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____
(wife, husband)

SIGNATURE: _____

THE LEGAL FEE IS \$20.00 PER COPY

NUMBER OF COPIES WANTED _____ **AMOUNT ATTACHED:** _____

**FEE: \$20.00 PER COPY - MONEY ORDER/CHECK MADE PAYABLE TO: THE PLYMOUTH TOWN CLERK.
MAIL THIS REQUEST WITH A SELF-ADDRESSED STAMPED ENVELOPE AND PAYMENT TO THE TOWN CLERK AT
PLYMOUTH TOWN HALL, 80 MAIN STREET, TERRYVILLE, CT 06786**