

TOWN OF PLYMOUTH
REQUEST FOR COPY OF MARRIAGE CERTIFICATE

GROOM	FULL NAME	FIRST	MIDDLE	LAST
BRIDE	FULL MAIDENNAME	FIRST	MIDDLE	LAST
DATE OF MARRIAGE (MO NTH/DAY/YEAR)	PLACE OF MARRIAGE		TOWN	

PERSON MAKING THIS REQUEST:

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
NUMBER STREET

TOWN/CITY _____ STATE _____ ZIP _____

TELEPHONE NO. _____

E MAIL (OPTIONAL) _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE _____ Date: _____

THE LEGAL FEE IS \$20.00 PER COPY

NUMBER OF COPIES REQUESTED _____ AMOUNT ENCLOSED \$ _____

DRIVERS LICENSE (state issued/number): _____

(Please enclose a copy of your license, if you are requesting a copy via mail)

FEE: \$20.00 PER COPY – MONEY ORDER **OR** CHECK MADE PAYABLE TO :
THE PLYMOUTH TOWN CLERK.

MAIL THIS REQUEST WITH PAYMENT AND
PLEASE INCLUDE A SELF ADDRESSED - STAMPED ENVELOPE TO :
PLYMOUTH TOWN CLERK
80 MAIN STREET
TERRYVILLE, CT 06786