

TOWN OF PLYMOUTH

REQUEST FOR COPY OF MARRIAGE CERTIFICATE

GROOM	FULL NAME FIRST MIDDLE LAST
BRIDE	FULL MAIDEN NAME 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 _____

TELEPHONE NO. _____ E MAIL (OPTIONAL) _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE _____

THE LEGAL FEE IS \$20.0 PER COPY

NUMBER OF COPIES REQUESTED _____ AMOUNT ENCLOSED \$ _____

FEE: \$20.00 PER COPY – MONEY ORDER *OR* CHECK MADE PAYABLE TO
 THE PLYMOUTH TOWN CLERK. ***PLEASE INCLUDE A SELF ADDRESSED
 STAMPED ENVELOPE***

MAIL THIS REQUEST WITH PAYMENT TO - PLYMOUTH TOWN CLERK,
 80 MAIN STREET, TERRYVILLE, CT 06786