Request for a Certified Copy of Marriage Record from the Farmington Vital Records VS-39M Revised: 9/10/2009

Mail this request to: Town of Farmington, Town Clerk, 1 Monteith Drive, Farmington, CT 06032

PLEASE PRINT		DO NOT MAIL CASH	
Groom/Spouse	Full Legal Name E	Before Marriage Middle	Last
Bride/Spouse	Full Legal Name E	<mark>Before Marriage</mark> Middle	Last
Date of Marriage * (Month/Day/Year)		Town of Marriage	
authorized by the Depart	ment of Public Health, shall	ll be issued a certified copy of a marriage	on the marriage certificate or other persons e certificate containing the Social Security numbers age certificate without the social security numbers.
PERSON MAKING THIS	S REQUEST:		
Name:			
First Address:		Middle	Last
Number		Street	
Гоwn/City:		_State:	Zip Code:
Telephone No.:		E-Mail Address: (optional):_	
Relation to Person N	amed in Certificate		
Signature:			
The fee f	for a copy of Marri	age Certificate at the State or	Town is \$20.00 per copy.
Number of Copies Requested: Amount Enclosed: \$			
	(Person	nt made payable to the <i>Town</i> all Checks/ Money Orders are a	accepted)
Maii this r	equest to the 10wn o	f Farmington (for town contact www.farmington-ct.org).	information, refer to our website at
Office Use Only:			
DL# & State:		Expires:	DOB: