

Date: _____

Request for a Certified Copy of a Marriage Certificate from the Town of Ledyard

PLEASE PRINT

DO NOT MAIL CASH

Groom/Spouse	Full Legal Name Before Marriage:		
	First	Middle	Last
Bride/Spouse	Full Legal Name Before Marriage:		
	First	Middle	Last
Date of Marriage* (Month/Date/Year)		Town of Marriage:	

PLEASE NOTE: In accordance with C.G.S. §7-51A, only the bride or spouse listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage certificate containing Social Security numbers of the bride, groom or spouse. All other requesters will receive certified copy of the marriage certificate without social security numbers.

PERSON MAKING THIS REQUEST:

Name:

First

Middle

Last Name

Address:

Number

Street

Town/City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Relation to person named: _____

E-mail address (optional): _____

Signature: _____ Date of Request: _____

The fee for a certified copy of the marriage Certificate is \$20.00 per copy

Number of copies requested: _____ Amount Enclosed: \$ _____

Mail this request along with a clear copy of your government issued photo ID and payment to: Town Clerk, Town of Ledyard, 741 Colonel Ledyard Highway, Ledyard CT 06339.

Please include Money Order made payable to: Town of Ledyard

Ledyard Town Clerk: Phone 860-464-3257; Fax 860-464-1126; E-Mail Town.clerk@ledyardct.org

*Note: Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town of the event. Refer to www.ct.gov/dph for town contact information.

7/21/2015