

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**