

Request for a Certified Copy of a Marriage Record From the Town of Windham

Please Print

FULL NAME OF GROOM/SPOUSE: _____			
	First	Middle	Last
FULL NAME OF BRIDE/SPOUSE : _____			
Before Marriage	First	Middle	Last
DATE OF MARRIAGE: ____/____/____		TOWN OF MARRIAGE _____	
Month	Day	Year	Town

PLEASE NOTE: In accordance with Connecticut General Statute 7-51a, only the bride, groom 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 the Social Security numbers of the bride, groom or spouse. All other requesters will receive a certified copy of the marriage certificate without the social security numbers.

Person Making This Request

NAME: _____			
	First	Middle	Last
ADDRESS: _____			
	Number/Street/Unit #		
TOWN/CITY: _____	STATE: _____	ZIP CODE: _____	
TELEPHONE: _____	E-MAIL: _____		
SIGNATURE: X _____			
RELATION TO PERSON NAMED IN CERTIFICATE: _____			
PLEASE ATTACH A COPY OF YOUR VALID GOVERNMENT ISSUED PHOTO ID.			

Certificate Size

TOTAL NUMBER OF COPIES; _____ X \$20.00 = _____
TOTAL: \$ _____
PLEASE DO NOT MAIL CASH

SEND TO: Windham Town Clerk
P.O. Box 94
Willimantic CT 06226