DATE OF APPLICATION: _____

*****YOU MUST ENCLOSE A PHOTOCOPY OF A VALID PHOTO ID WITH THIS REQUEST*****

Request for a Certified Copy of Marriage Record from the Lebanon CT Vital Records

PLEASE PRINT

Spouse One	Full Legal Name Before Marriage First	Middle	Last
Spouse Two	Full Legal Name Before Marriage First	Middle	Last
Date of Marriage * (Month/Day/Year)		Town of Marriage	

PLEASE NOTE: In accordance with C.G.S. 7-51A, only the parties 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 parties. All other requestors will receive a certified copy of the marriage certificate without the social security numbers.

PERSON MAKING THIS REQUEST:

Name: _____
First Middle Last Name

Address: _____
Number Street

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

Telephone Number: _____ E-Mail Address: (optional): _____

Relationship to Person Name in Certificate: _____

Signature: _____

The fee for a copy of a Marriage Certificate is $20.00 per copy.

Number of Copies Requested: _____ Amount Enclosed: _____

Remit a POSTAL MONEY ORDER made payable to the Town of Lebanon (Personal Checks not accepted)

Mail payment and this request form to the Town of Lebanon, Office of the Town Clerk

579 Exeter Road, Lebanon, CT 06249

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 Vitals Records office in the town of the event. Refer to the Department of Public Health website (www.ct.gov/dph) for town contact information.