

**Request for a Certified Copy of MARRIAGE CERTIFICATE
TOWN OF HAMPTON**

Mail this request to: Town Vital Records Office, P.O. Box 143, Hampton CT 06247

Please Print

Spouse #1 - Full Legal Name Before Marriage:

Spouse #2 - Full Legal Name Before Marriage:

Date of Marriage: (month/day/year)

Town of Marriage:

PLEASE NOTE: *In accordance with CGS 7-51A, only the spouses listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage license certificate containing the Social Security numbers of the spouses. All other persons 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

Town/City: _____ State: _____ Zip: __UUU__

Telephone No. _____ email: _____

Relation to Person Named on Certificate: _____

Signature: _____

The fee for a certified copy of a Marriage License is \$20.00 per copy.

No. of Copies Requested: _____ Amount enclosed: _____

**Remit a money order made payable to "Town of Hampton"
or pay online at www.hamptonct.org**