



TODAY'S DATE:

____/____/20____

REQUEST FOR MARRIAGE CERTIFICATE

PLEASE PRINT CLEARLY

GROOM/SPOUSE FULL NAME:

FIRST

MIDDLE

LAST

BRIDE/SPOUSE FULL MAIDEN NAME:

FIRST

MIDDLE

LAST

DATE OF MARRIAGE:

PLACE OF MARRIAGE:

PERSON MAKING THIS REQUEST:

NAME:

FIRST

MIDDLE

LAST

ADDRESS:

TOWN, STATE, ZIP:

TELEPHONE:

E-MAIL:

SIGNATURE:

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE:

REASON FOR MAKING REQUEST:

PLEASE HAVE IDENTIFICATION READY WITH THIS APPLICATION.

CERTIFIED CERTIFICATE: LEGAL FEE \$20.00 PER COPY

#_____COPIES

\$_____AMOUNT ATTACHED

If you are requesting copies by mail, you may mail this request form along with a copy of the requester's Driver's License or picture identification and verification of relationship along with a check or money order made payable to the Woodbridge Town Clerk.

WOODBIDGE TOWN CLERK
11 MEETINGHOUSE LANE
WOODBIDGE, CT 06525