Request for a Certified Copy of a Marriage Record from the Town of Newington

Full Legal Name Before Marriage

Mail this request to the Town Clerk, Town of Newington, 131 Cedar Street, Newington CT 06111

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DO NOT MAIL CASH

Groom/Spouse	First	Middle	Last			
pous						
		me Before Marriage				
Bride/Spouse	First	Middle	Last			
Date of Marriage * (Month/Day/Year))		Town of Marriage				
authorized by the Departme	ent of Public Health	n, shall be issued a certified copy of	ouse listed on the marriage certificate or other persons of a marriage certificate containing the Social Security fied copy of the marriage certificate without the social			
PERSON MAKING THIS	REQUEST:			_		
Name:						
First		Middle	Last Name			
Address:						
Number		Street				
Town/City:		State:	Zip Code:			
Telephone No.:		E-Mail Address: (option	E-Mail Address: (optional):			
Relation to Person Na	amed in Certific	ate:				
Signature:						
		<u> </u>	ate or Town is \$20.00 per copy.			
Number of Copies Requested:		Amount Enclosed	: \$			
FEE: \$20.00 PER CO	OPY. Remit a	check or money order payab	le to the Town of Newington.			

* **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 Vital Records office in the town of the event. Refer to our website at www.ct.gov/dph for town contact information.

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