

DATE OF APPLICATION: _____

*** YOU MUST ENCLOSE A PHOTOCOPY OF A VALID PHOTO I.D. WITH THIS REQUEST***

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

VS-39M Revised: 9/10/2009

Mail this request to the Town of Lebanon, Office of the Town Clerk
579 Exeter Road, Lebanon, CT 06249

PLEASE PRINT

DO NOT MAIL CASH

Groom/Spouse	<u>Full Legal Name Before Marriage</u>		
	First	Middle	Last
Bride/Spouse	<u>Full Legal Name Before Marriage</u>		
	First	Middle	Last
Date of Marriage * (Month/Day/Year)		Town of Marriage	

PLEASE NOTE: In accordance with C.G.S. §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 Name

Address:

Number Street

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

Telephone No.: _____ E-Mail Address: (optional): _____

Relation to Person Named in Certificate: _____

Signature: _____

The fee for a copy of Marriage Certificate at the State or Town is \$20.00 per copy.

Number of Copies Requested: _____ Amount Enclosed: \$ _____

**FEE: \$20.00 PER COPY. Remit a Postal Money Order made payable to the Town of Lebanon
(Personal Checks are not accepted)**

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* 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.