

TOWN OF GREENWICH

REQUEST FOR CERTIFIED COPY OF CIVIL UNION LICENSE

NAME: _____

NAME: _____

DATE OF CIVIL UNION: _____

SIGNATURE OF PERSON
MAKING THIS REQUEST: _____

PRINTED NAME: _____

MAILING ADDRESS: _____

**PLEASE RETURN THIS APPLICATION ALONG WITH A CHECK OR MONEY ORDER FOR \$20.00*
PAYABLE TO TOWN OF GREENWICH, ALONG WITH A SELF ADDRESSED, STAMPED ENVELOPE
#10 (LEGAL SIZE) AND XEROX OF PICTURE ID**

TO: VITAL STATISTICS
TOWN HALL
P.O. BOX 2540
GREENWICH, CT 06836-2540

***\$20.00 FOR EACH CERTIFIED COPY.**
There will be a \$25 fee for any returned
checks

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