

REQUEST FOR CERTIFIED COPY OF MARRIAGE LICENSE

NAME:

NAME:

DATE OF MARRIAGE: _____

SIGNATURE OF PERSON
MAKING THIS REQUEST: _____

PRINTED NAME: _____

MAILING ADDRESS: _____

NUMBER OF CERTIFIED COPIES WANTED _____

EMAIL 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