

Town of South Windsor Registrar of Vital Statistics 1540 Sullivan Avenue South Windsor, Connecticut 06074 (860) 644-2511

REQUEST FOR MARRIAGE CERTIFICATE

Groom/Spouse Name: This is my child's marriage certificat I am an immediate family member - spouse, child by blood, sibling or parent I am an immediate family member - spouse, child by blood, sibling or parent I am a CT incorporated or authorized I am a CT incorporated or authorized genealogist. (Must produce valid, signe card.) I am a person authorized or authorized genealogist. (Must produce valid, signe card.) I am a person authorized by the Commissioner of the Department of Public Health. (Signed letter on letterhead required.) Other (P.A. 01-163 - CGS §7-51a(a) & (b) Eff. 10/1/2002) Name of Applicant	MEGOLOT FOR MARKINACE G				
PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED Photographic identification may be substituted by any two of the following documents: Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name address. §19a-41-2 I declare I declare This is my own marriage certificate. This is my own marriage certificate. This is my child's marriage certificate. This is my child's marriage certificate. I am an immediate family member - spouse, child by blood, sibling or parent intervibuted/last) Date of Marriage:	Fee: cash or check made payable to " <u>Town of S</u>	South Windsor"			
Photographic identification may be substituted by any two of the following documents: Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name address. §19a-41-2 I declare I declare This is my own marriage certificate. This is my own marriage certificate. This is my child's marriage certificate. I am requesting the marriage certificate of: This is my child's marriage certificate. I am an immediate family member – spouse, child by blood, sibling or parent [I am a CT incorporated or authorized, card.] Place of Marriage: (town/state) Marriage records as of 7/1/1997 restricted as to social security number. If not authorized, social security number and administrative section will be redacted. Marriage records as of 7/1/1997 restricted as to social security number and administrative section will be redacted. Marriage records as of 7/1/1997 restricted as to social security number and administrative section will be redacted. Marriage records as of 7/1/1997 restricted as to social security number and administrative section will be redacted. Signature of Applicant When mailing this form to the ① Original Application Form	Type A ☐ Full certified copy - \$20.00				
card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name address. \$19a-41-2 I declare	PHOTOGRAPHIC IDENTIFI	CATION OF APPI	LICANT IS REQUIR	RED	
I am requesting the marriage certificate of: Groom/Spouse Name: (first/middle/last) Bride/Spouse Maiden Name: (first/middle/last) Date of Marriage: (month/day/year) Place of Marriage: (town/state) Marriage records as of 7/1/1997 restricted as to social security number and administrative section will be redacted. Name of Applicant Address of Applicant When mailing this form to the When mailing this form to the This is my own marriage certificate. This is my oun marriage certificate. This is my own marriage certificate. This is my oun marriage. I am a Drinciporate or authorized social security I am a CT incorporated or authorized or authorized social security I am a CT incorporated or authorized or authorized or authorized social security I am a CT incorporated or authorized or autho	card; written verification of identity from employe	er; automobile registra	tion; copy of utility bill s		
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Groom/Spouse Name: (first/middle/last) Date of Marriage: (month/day/year) Place of Marriage: (town/state) Marriage records as of 7/1/1997 restricted as to social security number and administrative section will be redacted. Name of Applicant Address of Applicant When mailing this form to the This is my child's marriage certificat I am an immediate family member - spouse, child by blood, sibling or parent I am an CT incorporated or authorized genealogist. (Must produce valid, signer card.) I am a person authorized by the Commissioner of the Department of Public Health. (Signed letter on letterhead required.) Other (P.A. 01-163 - CGS §7-51a(a) & (b) Eff. 10/1/2002) When mailing this form to the ① Original Application Form	I am requesting the marriage certificate of:		☐ This is my own marriage certificate.		
I am an immediate family member — spouse, child by blood, sibling or parent spouse, child by blood, sibling or parent spouse, child by blood, sibling or parent [irist/middle/last)		☐ This is my child's marriage certificate			
Date of Marriage:	(first/middle/last)		I am an immediate family member – spouse, child by blood, sibling or parent.		
Place of Marriage:			I was the Officiato	r for this marriage.	
(town/state) Marriage records as of 7/1/1997 restricted as to social security number. If not authorized, social security number and administrative section will be redacted. Name of Applicant Address of Applicant When mailing this form to the ① Original Application Form	Date of Marriage:(month/day/year)		☐ I am a CT incorporated or authorized genealogist. (Must produce valid, signed		
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SIGNATURE of Applicant When mailing this form to the ① Original Application Form	Name of Applicant				
When mailing this form to the ① Original Application Form	Address of Applicant				
	SIGNATURE of Applicant				
Office please be sure to include the following items: 3 Self Addressed Stamped Envelope 4 Photocopy of Photo I.D.	South Windsor Town Cle Office please be sure	rk's ② Check or Mo to ③ Self Address	Check or Money Order for total copies requested Self Addressed Stamped Envelope		
Office Use Only 7	Office Use Only 7				
DATE: INITIALS:	DATE:	INITIALS:			
ID's PAYMENT:					