

**Request for a Certified Copy of MARRIAGE CERTIFICATE  
TOWN OF HAMPTON**

**Mail this request to: Town Vital Records Office, P.O. Box 143, Hampton CT 06247**

**Please Print**

**Spouse #1 - Full Legal Name Before Marriage:**

**Spouse #2 - Full Legal Name Before Marriage:**

**Date of Marriage: (month/day/year)**

**Town of Marriage:**

**PLEASE NOTE:** *In accordance with CGS 7-51A, only the spouses listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage license certificate containing the Social Security numbers of the spouses. All other persons will receive a certified copy of the marriage certificate without the Social Security numbers.*

**PERSON MAKING THIS REQUEST:**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    Number                                    Street

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_UUU\_\_

Telephone No. \_\_\_\_\_ email: \_\_\_\_\_

Relation to Person Named on Certificate: \_\_\_\_\_

Signature: \_\_\_\_\_

**The fee for a certified copy of a Marriage License is \$20.00 per copy.**

No. of Copies Requested: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_

**Remit a check or money order made payable to "Town of Hampton"**