

**REQUEST FOR COPY OF CIVIL UNION CERTIFICATE**

VS-39CU Revised: 6/26/07 10/1/2009

**PLEASE PRINT**

**DO NOT MAIL CASH**

<b>PARTY 1</b>	FULL NAME	FIRST	MIDDLE	LAST
<b>PARTY 2</b>	FULL NAME	FIRST	MIDDLE	LAST
DATE OF CIVIL UNION (MONTH/DAY/YEAR)		PLACE OF CIVIL UNION TOWN		

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-51A, ONLY THE PARTIES TO THE CIVIL UNION, OFFICIATOR OF THE MARRIAGE, TOWN CLERK OR REGISTRAR LISTED ON THE CIVIL UNION CERTIFICATE, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A CIVIL UNION CERTIFICATE THAT CONTAINS THE SOCIAL SECURITY NUMBERS OF THE PARTIES. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE CIVIL UNION 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.: \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_

**THE LEGAL FEE IS \$20 PER COPY.**

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ATTACHED: \$ \_\_\_\_\_

FEE: ~~\$20~~ PER COPY ... MADE PAYABLE TO THE TOWN/CITY OF CIVIL UNION  
 MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF CIVIL UNION  
 FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN  
 at the Department of Public Health website: <http://www.dph.state.ct.us/pb/hist/townclerks.htm>