

Return to Donna M Anastasia, Registrar Town of Weston P O Box 1007, 56 Norfield Rd Weston CT 06883

REQUEST FOR MARRIAGE CERTIFICATE

DATE OF REQUEST

Please print				
Groom/Spouse	Full Legal Name B	Before Marriage Middle	Last	
Bride/Spouse First		<mark>Before Marriage</mark> Middle	Last	
Date of Marriage		Town of Marriage		
uthorized by the Depar	tment of Public Health, sha	ll be issued a certified copy	spouse listed on the marriage certificate or other persons of a marriage certificate containing the Social Security rtified copy of the marriage certificate without the social	
PERSON MAKING TH	IIS REQUEST:			
Name:				
First		Middle	Last Name	
Address:				
Number		Street		
Town/City:		State:	Zip Code:	
Telephone No.:		_ E-Mail Address: (optional):		
Relation to Person l	Named in Certificate:			
Signature:				
The fee f	or a conv of Marria	se Certificate at the S	State or Town is \$20.00 per copy.	
	•		ed: \$	
Number of Copies i	xequesteu.	Amount Enclose		
FEE: \$20.00 PER	COPY.			

Return to:
Donna M. Anastasia
Town of Weston
Registrar of Vital Statistics
P O Box 1007
Weston CT 06883

Available for office use