



## Request For Certified Copy Of Marriage License

Town Clerk's Office  
Town of Old Saybrook  
302 Main Street  
Old Saybrook, CT 06475  
860-395-3135

<b>Requesting the Marriage License of:</b>	Spouse One Full Name: (First, Middle, Last Name)	
	Spouse Two Full Name: (First, Middle, Last Name)	
	Date of Marriage:	Town of Marriage:

In accordance with C.G.S §7-51a, only the spouses, officiator of the marriage, Town Clerk or Registrar listed on the marriage license or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage license containing the social security numbers of the spouses. All other requesters will receive a certified copy of the marriage license without the social security number.

<b>Person Making This Request:</b>	Your Full Name:	
	Your Address: (Street, City, State, Zip Code)	
	Your Phone Number:	Your Email Address:
	Your Relationship to the Person named on the License:	Your Signature:

Cost: \$20.00 per certified copy
Number of Copies Requested: _____
Amount Enclosed: \$_____
Cash or Checks made payable to "Town Clerk Old Saybrook"