REQUEST FOR COPY OF CIVIL UNION CERTIFICATE

VS-39CU Revised: 9-10-2009

PLEASE PRINT

DO NOT MAIL CASH

	FULL NAME	FIRST	MIDDLE	LAST
PARTY 1				
	FULL NAME	FIRST	MIDDLE	LAST
PARTY 2				
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 UNION, 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:	MIDDLE	LAST NAME			
ADDRESS:					
TOWN/CITY:		ZIP CODE:			
TELEPHONE NO.:	E-MAIL ADDRESS (optional):				
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE					
SIGNATURE: X					
THE LEGAL FEE IS \$20.00 PER COPY. NUMBER OF COPIES WANTED:	AMOUNT ATTACHED:	\$			
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE SIGNATURE: X THE LEGAL FEE IS \$20.00 PER COPY.					

FEE: \$20.00 PER COPY MONEY ORDER 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/oppe/townclerks.htm