

REQUEST FOR COPY OF CIVIL UNION CERTIFICATE

VS-39CU Revised: 9-10-2009

PLEASE PRINT

DO NOT MAIL CASH

PARTY 1	FULL NAME	FIRST	MIDDLE	LAST
PARTY 2	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 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: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ 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: \$ _____

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>