## Request for a Certified Copy of Marriage Record from the Town of Kent CT Vital Records

VS-39M Revised: 9/10/2009

## Mail this request to the Kent Town Clerk PO Box 843, Kent, CT 06757

PLEASE PRINT	DO NOT MAIL CASH		
	Full Legal Name B	Refore Marriage	
	First	Middle	Last
Groom/Spouse			
	Full Legal Name Before Marriage		
Bride/Spouse	First	Middle	Last
Date of Marriage * (Month/Day/Year))		Town of Marriage	
authorized by the Departm	ent of Public Health, shall	ll be issued a certified copy of	ouse listed on the marriage certificate or other persons of a marriage certificate containing the Social Security fied copy of the marriage certificate without the social
PERSON MAKING THIS	REQUEST:		
Name:			
First		Middle	Last Name
Address:			
Number		Street	
Town/City:		State:	Zip Code:
Telephone No.:		E-Mail Address: (optional):	
Relation to Person Na	amed in Certificate:		
Signature:			
The fee for	o copy of Marriag	ge Certificate is \$20.00	nor conv
			1
Number of Copies Re	quested:	Amount Enclosed	: \$
FEE: \$20.00 PER Co	OPY. Remit a <u>perso</u>	onal check or postal mon	ey order made payable to the Town of
Mail this request to the	ne Kent Town Clerk	P.O. Box 843. Kent. CT (	06757