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

PLEASE PRINT

<table>
<thead>
<tr>
<th>Groom/Spouse</th>
<th>Full Legal Name Before Marriage</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bride/Spouse</td>
<td>Full Legal Name Before Marriage</td>
<td>First</td>
<td>Middle</td>
<td>Last</td>
</tr>
</tbody>
</table>

Date of Marriage * (Month/Day/Year)) | Town of Marriage

PLEASE NOTE: In accordance with C.G.S. §7-51A, only the bride, groom or spouse listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage certificate containing the Social Security numbers of the bride, groom or spouse. All other requesters will receive a certified copy of the marriage 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): ___________________

Relation to Person Named in Certificate: ___________________

Signature: ___________________

The fee for a copy of Marriage Certificate is $20.00 per copy.

Number of Copies Requested: ___________ Amount Enclosed: $_____________

FEE: $20.00 PER COPY. Remit a personal check or postal money order made payable to the Town of Kent.

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