

REQUEST FOR A CERTIFIED COPY OF A MARRIAGE LICENSE

Grooms Name/Party 1:
Bride's Maiden Name/Party 2:
Date of Marriage:
Town of Marriage:

Your Name:
Address:
City, State and Zip Code:

Fee: \$20.00 a copy. Cash or Check Checks payable to Wallingford Town Clerk.

Number of copies requested _____

Your relationship to the person whose certificate you are requesting:

Myself	<input type="checkbox"/>	My Child	<input type="checkbox"/>
My Parent	<input type="checkbox"/>	My Grandchild/Grandparent	<input type="checkbox"/>

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THE REQUEST

Copy of Photo Identification

Mail this form, a copy of your ID and payment to:

Wallingford Town Clerk
45 South Main Street
Wallingford, CT 06492

I DECLARE UNDER PENALTIES OF FALSE STATEMENTS THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.

Signature: _____ Date: _____