

REQUEST FOR COPY OF CIVIL UNION CERTIFICATE

Please print

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 CGS 7-51 A, only Party 1, Party 2, officiator of the Civil 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 containing the Social Security Numbers of the individuals listed as party 1 or party 2. 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: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____

SIGNATURE: X _____

THE LEGAL FEE IS \$10.00 PER COPY.

NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: _____

FEE: \$10.00 PER COPY MONEY ORDER MADE PAYABLE TO THE TOWN CLERK OF FARMINGTON
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK, ONE MONTEITH DRIVE, FARMINGTON, CT 06032
A COPY OF REQUESTER'S DRIVER LICENSE OR PICTURE ID SHOULD BE INCLUDED.