



City and Town Clerk

REGISTRAR OF VITAL STATISTICS

888 Washington Boulevard
P.O. Box 891
Stamford, CT 06904-0891
(203) 977-4054

PLEASE NOTE: ONLY THE BRIDE AND GROOM APPEARING ON THE MARRIAGE CERTIFICATE SHALL RECEIVE A CERTIFIED COPY OF SUCH CERTIFICATE INCLUDING THEIR SOCIAL SECURITY NUMBERS AS SPECIFIED IN PA 97-7. ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBERS OF THE BRIDE AND GROOM TO COMPLY WITH THE PROVISIONS OF PA 97-7.

NOTE: Legal fee for marriage license is \$20.00 per certified copy

Make check or money order made payable to: The City of Stamford, CT

Number of Copies _____ X \$20.00 = \$ _____ Date: _____

APPLICATION FOR COPY OF CIVIL UNION LICENSE

Spouse Full Name: _____
(First Name) (Last Name)

Spouse Full Name: _____
(First Name) (Maiden Name)

Date of Civil Union: _____
(Month) (Date) (Year)

Place of Civil Union: _____
(Town)

Person Making This Request:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Relation to person on certificate: _____