TOWN OF PROSPECT, CONNECTICUT Request for a Certified Copy of Marriage License

PLEASE PRINT

Spouse	Full Legal Name Before Ma	rriage (First/Middle/Last)		
Spouse	Full Legal Name Before Ma	Full Legal Name Before Marriage (First/Middle/Last)		
Date of Marriage (Month/Day/Year)		Town of Marriage		
Department of Pu spouses. Please pi	ublic Health, shall be issued a certifie rovide a copy of a government-issued i	spouses listed on the marriage license or other copy of a marriage license containing the Scidentification such as a driver's license or passponarriage license without the Social Security number	ocial Security numbers of thort to prove identity.	
Marriage license	es are located in the town of occur	rence and the town of residence at the tim	ne of the marriage.	
PERSON MAKIN	G THIS REQUEST:			
Full Name	(First/Middle/Last)			
Address:	Street	Town	State	
Relation to Perso	on Named on License:			
Signature		Date		
Please make ch	. ,	nse is \$20.00 per copy. We accept cash, concepts of Clerk. If paying via mail, a photocopy of sed, stamped envelope.	•	
Number of copie	es requested: An	nount Enclosed/Paid:		

Please mail or bring this completed request form to: Prospect Town Clerk, 36 Center Street, Prospect, CT 06712