

**REQUEST FOR COPY OF CIVIL UNION CERTIFICATE**

VS-39CU ST Revised: 9/10/2009

**PLEASE PRINT**

**DO NOT MAIL CASH**

<b>PARTY 1</b>	FULL NAME	FIRST	MIDDLE	LAST
	FULL NAME	FIRST	MIDDLE	LAST
<b>PARTY 2</b>	FULL NAME	FIRST	MIDDLE	LAST
	FULL NAME	FIRST	MIDDLE	LAST
DATE OF CIVIL UNION (MONTH/DAY/YEAR)		PLACE OF CIVIL UNION TOWN		

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-51A, ONLY THE PARTIES TO THE CIVIL UNION, OFFICIATOR OF THE 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 THAT CONTAINS THE SOCIAL SECURITY NUMBERS OF THE PARTIES. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE CIVIL UNION CERTIFICATE WITH THE SOCIAL SECURITY NUMBERS REMOVED.

**PERSON MAKING THIS REQUEST:**

NAME:

\_\_\_\_\_ FIRST MIDDLE LAST NAME

ADDRESS:

\_\_\_\_\_ NUMBER STREET

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS (optional): \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE \_\_\_\_\_

SIGNATURE:

**X** \_\_\_\_\_

**THE LEGAL FEE IS \$20.00 PER COPY.**

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ATTACHED: \$ \_\_\_\_\_

**FEE: \$20.00 PER COPY. REMIT MONEY ORDER MADE PAYABLE TO: 'TREASURER, STATE OF CT'**  
**(Personal Checks are not accepted)**

**MAIL THIS REQUEST TO:**

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
VITAL RECORDS SECTION  
CUSTOMER SERVICES, MS 11VRS  
P.O. BOX 340308  
HARTFORD, CT 06134-0308**