REQUEST FOR COPY OF CIVIL UNION CERTIFICATE

PLEASE PRINT DO NOT MAIL CASH

PARTY 1	FULL NAME
PARTY 2	FULL NAME
DATE OF UNION	PLACE OF UNION (TOWN)

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE: _____

THE LEGAL FEE IS $5.00 PER COPY.
NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: $_____

FEE: $5.00 PER COPY MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF MARRIAGE
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF MARRIAGE