

**REQUEST FOR A CERTIFIED COPY OF A MARRIAGE LICENSE**

Grooms Name/Party 1:
Bride's Maiden Name/Party 2:
Date of Marriage:
Town of Marriage:

Your Name:
Address:
City, State and Zip Code:
Phone Number:

**Fee: \$20.00 a copy. Cash or Check** Checks payable to Wallingford Town Clerk.

Number of copies requested \_\_\_\_\_

Your relationship to the person whose certificate you are requesting:

Myself                       My Child   
My Parent                       My Grandchild/Grandparent

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THE REQUEST

**Copy of Photo Identification**

Mail this form, a copy of your ID and payment to:

Wallingford Town Clerk  
45 South Main Street  
Wallingford, CT 06492

**I DECLARE UNDER PENALTIES OF FALSE STATEMENTS THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_