Town of Lisbon 1 Newent Road Lisbon, CT 06351 860-376-2708

Request for a Certified Copy of Marriage Record from the Town/City Vital Records

VS-39M Revised: 9/10/2009

information.

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Record offices in Connecticut, please refer to our website at www.ct.gov/dph.com.

PLEASE PRINT		00	NOT MAIL O	CASH		NAMES AND POST OF THE PARTY OF		
	Full Legal Name B	efore Marriage	```		:			
Groom/Spouse	First	Middle :	•	• • • •	Last .			
Bride/Spouse	Full Legal Name B First	efore Marriage Middle	:	. •	Last	:		
Date of Marriage *	(Month/Day/Year))	Town of Ma	rriage				• • •	
horized by the Departmenters of the bride, groo	dance with C.G.S. §7-51A ent of Public Health, shall m or spouse. All other n sof of Td Require	equesters will receive	ve a certified c	opy of the n	narriage cer			
RSON MAKING THIS	REQUEST:							
		Middle		I act	Namo			
First		Middle		Last.	Namo			**)
ldress:		• •			•			
Number		Street		Pho	ne # i	f mailin	g requ	iest
wn/City:		State:		2	ip Code:		_	٠
lephone No.:		E-Mail Address:	(optional):				- •	
lation to Person Na	med in Certificate:				-			
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	a copy of Marriage					per copy. Date of	Reque	st _
	PY. Remit a Postal		ade payable	to the ${\it Ci}$		rn	ORTHODO A ANNO	
	e City/Town (for town	•						
Note: Conies of death or	marriage certificates for Records office in the tow	events that occur	ed less than 4	months pri	or to the da	ite of the requ	est	