

Office of the Town Clerk Town of Seymour

1 First Street Seymour, Connecticut 06483

REQUEST FOR CERTIFIED COPY OF MARRIAGE LICENSE

DATE OF REQUEST:
CDOOM C MARKE.
GROOM.S NAME:
BRIDES MAIDEN NAME:
DATE OF MARRIAGE:
CITY or TOWN of MARRIAGE:
CITIOLICANI OLIMANNIAGE.
PERSON MAKING THIS REQUEST:
PERSON MAKING THIS REQUEST:
PERSON MAKING THIS REQUEST: NAME:
PERSON MAKING THIS REQUEST: NAME: ADDRESS:
PERSON MAKING THIS REQUEST: NAME: ADDRESS: TOWN/CITY:
PERSON MAKING THIS REQUEST: NAME: ADDRESS: TOWN/CITY: STATE/ZIP:
PERSON MAKING THIS REQUEST: NAME: ADDRESS: TOWN/CITY: STATE/ZIP:

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Mail this request with payment to:
Seymour Town Clerk
1 First Street
Seymour, CT 06483

THE LEGAL FEE IS \$20.00 (Cash or Check) PER CERTIFIED COPY

Also, please send a copy of your picture I.D. when requesting via mail.

Telephone: 203-888-0519 • Fax: 203-881-5005 • www.seymourct.org