



**REQUEST FOR CERTIFIED COPY OF MARRIAGE LICENSE**

**DATE OF REQUEST:**

**GROOM'S NAME:**

**BRIDES MAIDEN NAME:**

**DATE OF MARRIAGE:**

**CITY or TOWN of MARRIAGE:**

**PERSON MAKING THIS REQUEST:**

**NAME:**

**ADDRESS:**

**TOWN/CITY:**

**STATE/ZIP:**

**SIGNATURE:**

**NUMBER OF COPIES REQUESTED:**

**THE LEGAL FEE IS \$20.00 PER CERTIFIED COPY  
EFFECTIVE OCTOBER 1, 2009**

**Mail this request with payment to:  
Stratford Town Clerk  
2725 Main Street  
Stratford, CT 06615**