

REQUEST FOR COPY OF CIVIL UNION CERTIFICATE
NEW 9/29/05

DATE OF REQUEST _____

PLEASE PRINT

DO NOT MAIL CASH

YOU MUST PROVIDE/SEND A COPY OF PICTURE IDENTIFICATION IE: DRIVERS
LICENSE, PASSPORT, ETC. WITH THIS REQUEST

REQUEST FOR CIVIL UNION OF :

PARTY 1	FULL NAME	FIRST	MIDDLE	LAST
PARTY 2	FULL NAME	FIRST	MIDDLE	LAST
DATE OF CIVIL UNION (MONTH/DAY/YEAR		PLACE OF CIVIL UNION	TOWN	

PLEASE NOTE: ONLY THE PARTIES APPEARING ON THE CIVIL UNION CERTIFICATE SHALL RECEIVE A CERTIFIED COPY OF SUCH CERTIFICATE INCLUDING THEIR SOCIAL SECURITY NUMBERS.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBERS OF PARTY 1 AND PARTY 2.

PERSON MAKING THIS REQUEST:

NAME _____
FIRST MIDDLE LAST NAME

ADDRESS _____
NUMBER STREET

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

SIGNATURE: X _____

CERTIFIED COPY \$20.00

NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: _____

MAKE CHECK OR MONEY ORDER PAYABLE TO :
THE TOWN OF BLOOMFIELD
TOWN CLERK OFFICE
P O BOX 337
BLOOMFIELD, CT 06002

COPY OF PHOTO ID: _____

____ CT Driver's License
____ OTHER