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:

<table>
<thead>
<tr>
<th>PARTY 1</th>
<th>FULL NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
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<tr>
<th>PARTY 2</th>
<th>FULL NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
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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