REQUEST FOR COPY OF CIVIL UNION CERTIFICATE
VS-39CJ

PLEASE PRINT

DO NOT MAIL CASH

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

DATE OF CIVIL UNION (MONTH/DAY/YEAR) PLACE OF CIVIL UNION TOWN


PERSON MAKING THIS REQUEST:

NAME:

ADDRESS:

NUMBER STREET

TOWN/CITY: STATE: ZIP CODE:

TELEPHONE NO.: E-MAIL ADDRESS (optional):

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE:

SIGNATURE: X

THE LEGAL FEE IS $20.00 PER COPY.

NUMBER OF COPIES WANTED: AMOUNT ATTACHED: $

FEE: $20.00 PER COPY. CHECK OR MONEY ORDER MADE PAYABLE TO THE TOWN OF NEW CANAAN.
MAIL THIS REQUEST WITH PAYMENT TO TOWN CLERK, P. O. BOX 447, NEW CANAAN, CT 06840