REQUEST FOR COPY OF CIVIL UNION CERTIFICATE
VS-39CU  Revised:  9-10-2009

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>
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<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


PERSON MAKING THIS REQUEST:

NAME: ______________________________________________________________________________________________________________

ADDRESS: _________________________________________________________________________________________________________

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 MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF CIVIL UNION
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF CIVIL UNION
FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN
at the Department of Public Health website:  http://www.dph.state.ct.us/oppe/townclerks.htm