



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Vital Records Section

## Request for a 'No Record of Marriage' Statement

**FEE: \$20.00 PER STATEMENT. REMIT MONEY ORDER MADE PAYABLE TO: 'TREASURER, STATE OF CT'**

STATEMENTS ARE ISSUED ONLY TO CURRENT CONNECTICUT RESIDENTS AS VERIFIED BY THE ADDRESS ON THE REQUESTER'S CONNECTICUT DRIVER'S LICENSE OR CONNECTICUT NON-DRIVER ID

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Request: (include country that requires the 'No Record of Marriage Statement')

Full Name of Requester: \_\_\_\_\_ Sex: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: (town/ state, or if outside US, foreign country ) \_\_\_\_\_

Mother's Birth Name: \_\_\_\_\_

Father's Birth Name: \_\_\_\_\_

Period of Time "No Record of Marriage" will cover:

*The period from requester's sixteenth birth date to approximately 4 months prior to the date of application.*

Requester's Signature: X \_\_\_\_\_

### Proof of Identity and Residency:

Include a copy of the requester's valid Connecticut Driver's License or Connecticut Non-Driver ID.

If a Connecticut Driver's License or ID card is unavailable, applicant must submit 2 documents proving identity and CT residency, such as a photocopy of a current bank statement, utility bill, tax filing or W-2 form that includes the applicant's name and CT address.

Mail or submit in person the completed application, a copy of the identification document(s) and the required fee of \$20. Payment submitted via mail must be a Postal money order made payable to the "Treasurer, State of CT." If submitting the application and fee in person, cash will also be accepted.

Visit the State Vital Records Office or send the application to:

CT Department of Public Health  
Vital Records Section, MS # 11VRS  
410 Capitol Avenue  
Hartford, CT 06134