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>
</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: ______________________________________________________________________________________________________________
FIRST    MIDDLE    LAST 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 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