City of Torrington

Registrar of Vital Statistics

140 Main Street
Torrington, CT 06790-5245

Phone: (860) 489-2236
Fax: (860) 489-2548

NOTE: Legal fee for vital records is $20.00 for each certified copy (CGS Sec.7-73)

APPLICATION FOR CERTIFIED COPY - MARRIAGE CERTIFICATE

Groom's Full Name:_____
(First Name) (Last Name)

Bride's Full Maiden Name:_____
(First Name) (Last Name)

Date of Marriage:_____
(Month) (Day) (Year)

Place of Marriage:_____
(City) (State)

Person Requesting this Information:

Full Name: _____

Mailing Address: _____

City:_____State:_____ZIP Code:_____

Daytime Phone Number: _____

Number of Copies:_____ x $20.00 each = _____
(Total Enclosed)

Please make checks payable to the **City of Torrington**.