

Town of Southington
**Civil Union
Certified Copy Request Form**

(Please Print)

Full Names of Both Spouses Named on the License *(Include maiden name, if applicable.)*

Date of Civil Union _____ Town of Civil Union _____

Applicant's Name _____

Mailing Address _____

Phone and/or E-Mail _____

Applicant's Signature _____ Date _____

Fee: \$20.00 per copy Number of Copies Requested _____

*(Checks may be made payable to **Town of Southington**)*

MAIL TO: Town Clerk, P. O. Box 152, Southington, CT 06489
Please include a stamped, self-addressed envelope.

-OR-

FAX TO: Town Clerk's Office, (860) 276-6229
Payment must be mailed in or submitted online via credit card at
www.southington.org (an additional convenience charge applies to online payments).