VS-39CU Conversion 10/1/10

REQUEST TO CONVERT CIVIL UNION/MARRIAGE CERTIFICATE

PLEASE PRINT

PARTY 1	FULL NAME	FIRST	MIDDLE	LAST
PARTY 2	FULL NAME	FIRST	MIDDLE	LAST
DATE OF CIVIL UNION (MONTH/DAY /YEAR)			PLACE OF CIVIL UNION TOWN	

PLEASE NOTE: ONLY THE PARTIES TO THE CIVIL UNION MAY REQUEST THAT THE CIVIL UNION CERTIFICATE BE CONVERTED TO A MARRIAGE CERTIFICATE. THE CIVIL UNION MUST HAVE BEEN IN EFFECT ON OCTOBER 1, 2010. A CIVIL UNION THAT WAS DISSOLVED OR IN THE PROCESS OF DISSOLUTION ON OCTOBER 1, 2010, DOES NOT CONVERT TO MARRIAGE. IN ORDER TO CONVERT THE CIVIL UNION CERTIFICATE TO A MARRIAGE CERTIFICATE, AT LEAST ONE OF THE PARTIES TO THE CIVIL UNION MUST AFFIRM THAT THE CIVIL UNION WAS NOT DISSOLVED, NOR PENDING DISSOLUTION, ON OCTOBER 1, 2010.

IN ACCORDANCE WITH C.G.S. §7-51A, ONLY THE PARTIES TO THE CIVIL UNION/MARRIAGE, OFFICIATOR, TOWN CLERK OR REGISTRAR LISTED ON CERTIFICATE, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A CIVIL UNION CERTIFICATE THAT CONTAINS THE SOCIAL SECURITY NUMBERS OF THE PARTIES. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE CIVIL UNION CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBERS.

AFFIRMATION: I am requesting that my civil union certificate be converted to a marriage certificate, as authorized by C.G.S. §46b-38rr. I affirm that as of October 1, 2010, this civil union had not been dissolved, nor were there dissolution proceedings pending on said date. (Affirmation and signature of one spouse is sufficient to convert the record.)

X_____ X_____

Signature of Spouse / Party 1 **Date** **Signature of Spouse / Party 2** **Date**

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____STATE: _____ ZIP CODE: _____

TELEPHONE No.: _____ E-MAIL ADDRESS (optional): _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____

I would like to receive a copy of the converted marriage certificate. ❒ YES ❒ NO

SIGNATURE:X_____

THE FEE FOR A CERTIFIED COPY OF A MARRIAGE RECORD IS $20.00 PER COPY. DO NOT MAIL CASH.

NUMBER OF COPIES WANTED _____ AMOUNT INCLUDED: $_____

FEE: $20.00 PER COPY MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF CIVIL UNION
MAIL THIS REQUEST WITH PAYMENT OT 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