



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Office of Vital Records

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Maritza Bond, MPH
Director of Health
Albertina Baptista, MPH
Deputy Director of Health
Patricia P. Ulatowski
Assistant Registrar

MARRIAGE CERTIFICATE

(already Married)

Please Print CLEARLY

Groom: First Middle Last

BRIDE NAME BEFORE MARRIAGE:

First Middle Last

Date of Marriage: _____

Town of Marriage: _____

Person making this request:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Signature: _____

The legal fee is \$20.00 per copy in cash or money order

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