

Application for a Certified Copy of a Record of Civil Union Dissolution

For office use only

I.D. # _____

CPA # _____

REC # _____

Number of Copies _____

Amount Enclosed (\$) _____

Name of Party A _____

Name of Party B _____

Date Dissolution Became Final _____

County of Dissolution _____

Date of Civil Union _____

Your Name _____

Address _____

Town _____

State _____

Zip _____

Phone Number _____

Your relationship to the people named on the certificate

Intended use of Certificate

Proof of Dissolution ___ Personal use ___

Other (specify) _____

Date: _____

Signature: _____