Marriage Certificate Request Form

The copies are \$12 <u>each</u>. A \$4 convenience fee will be added to all credit/debit transactions.

A Photo ID must accompany this request

PLEASE PRINT ALL INFORMATION LEGIBLY AND CORRECTLY BELOW

| Section 1: NAME OF APPLICANT 1 | | | | | |
|--------------------------------|-------------|-----------|--|--|--|
| FIRST NAME | MIDDLE NAME | LAST NAME | | | |

Section 2: NAME OF APPLICANT 2

| FIRST NAME | MIDDLE NAME | LAST NAME | MAIDEN NAME |
|------------|-------------|-----------|-------------|
| | | | |
| | | | |
| | | | |

| Section 3: MARRIAGE INFORMATION | | | | |
|---|-----------------|--|--|--|
| DATE OF MARRIAGE | COUNTY/LOCATION | | | |
| PHONE NUMBER | | E-MAIL ADDRESS (OPTIONAL) | | |
| RELATIONSHIP TO PERSON NAMED ON MARRIAGE CERTIFICATE (IF OTHER THAN SELF) | | SIGNATURE OF PERSON REQUESTING CERTIFICATE | | |

Total copies requested:_____

Method of Payment:(circle) CASH CARD MONEYORDER