

MARRIAGE LICENSE REQUEST FORM

\$1.50 PER CERTIFIED COPY PREPAID COPIES: _____

I D NUMBER: _____

CERTIFICATE NUMBER: _____

GROOM'S NAME: _____

BRIDE'S NAME: _____

DATE OF MARRIAGE: _____ REASON FOR COPY: _____

WHERE YOU WERE MARRIED? _____

WHERE DID YOU BUY THE MARRIAGE LICENSE?

SIGNATURE: _____

RELATIONSHIP: _____ DATE: _____

MAILING ADDRESS: _____

CITY STATE ZIP CODE

TELEPHONE NUMBER: _____

PICK UP: _____ MAIL: _____

*****OFFICIAL USE ONLY DO NOT WRITE BELOW*****

CASH _____ CHECK _____

PREPARED BY: _____ DATE: _____