

**Marriage License**

Full Maiden Name of Bride: \_\_\_\_\_

Full Name of Groom: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

How many copies? \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- |                                      |                                                       |
|--------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Self/Spouse | <input type="checkbox"/> Descendant                   |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Guardian    | <input type="checkbox"/> Genealogist ID # _____       |

*By my signature below, I swear/affirm that the information above is true and correct.*

Applicant Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

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***Below line is for Clerk's use only***

**Proof of identity of applicant:**

**Applicant must provide one of these:**

- |                                           |                                                         |
|-------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport         |                                                         |

**OR two of these:**

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other \_\_\_\_\_

