

Marriage Certificate Request Form

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 1st copy, \$6 for each additional copy

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 _____

