

Marriage Certificate Request Form

Full Maiden Name of Bride: _____

Full Name of Groom: _____

Date of Marriage: _____

How many copies? _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

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:

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

