

APPLICATION FOR GENEALOGICAL COPY OF MARRIAGE RECORD OR CERTIFIED COPY

PLEASE PRINT LEGIBLY
FURNISH ALL POSSIBLE INFORMATION

Name of Bride: _____ BIRTH DATE _____
(MADIEN NAME)

Name of Groom: _____ BIRTH DATE _____

Date of Marriage ____/____/____
(MM/DD/YYYY)

Mother and Father of Bride: _____
(Mother's Maiden Name)

Mother and Father of Groom: _____

RELATIONSHIP TO PARTIES: _____
MUST BE AN IMMEDIATE FAMILY MEMBER OR SELF REQUESTING RECORD

PLEASE SUBMIT A COPY OF YOUR STATE ID OR DRIVER'S LICENSE ALONG WITH YOUR REQUEST.

THE FEE FOR CERTIFIED COPY IS \$20 (12\$ PER COPY IF NEEDED)

OR

GENALOGICAL USE ONLY COPY IS \$6

Address of person requesting:
(If other than Applicant)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Address to be mailed to:
(if mailing required)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Amount: \$ _____

Signature of requestor