APPLICATION FOR RESTRICTED CERTIFIED COPY OF A MARRIAGE RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1

Registrant Information **Fee: $15.00** **Number of copies requested: ____**

First Person: _____
First Middle Last (Maiden name if applicable)

Second Person: _____
First Middle Last (Maiden name if applicable)

Date of Marriage:_____

County where license was issued:_____

2

Applicant Information: (Your name and address)

Name: _____
First Middle Last

Address: _____
Number and Street City State Zip Code

Mailing Address: _____
If different than above Number and Street City State Zip Code

Telephone Number: (_____)_____
With Area Code

3

Anyone may obtain a restricted certified copy of a marriage record. The record is for informational purposes only and may not be used to establish identity. Restricted copies will have across the face of the document the words:

"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"

If you need a certified copy to obtain a driver's license, passport, or register for insurance coverage you should not use a restricted certified copy.

4

APPLICANT SIGNATURE: _____ DATE: _____

Office use only: Receipt # _____ Paper # _____ Date _____

Clerk_____ Cash_____ Check#_____ MO#_____ Pick up_____Mail_____