

Marriage Document Request Form

Requestor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Requestor's Signature: _____ Date: _____

List full legal name of each applicant at the time of application

Applicant's Name: _____

Applicant's Name: _____

Date of Marriage: _____

Please enter requested number of copies in the space(s) below:

_____ Marriage Certificate - \$10.00 each

_____ Certified Copy of Application - \$10.00 each (This option available to contracting parties only and you must present I.D. for this document).

_____ Photocopy of Marriage License - \$1.00 each

FORMS OF PAYMENT : CASH, MONEY ORDER, CREDIT OR DEBIT CARD. NO CHECKS

*******There is a surcharge fee for using credit or debit card.*******

OFFICE USE ONLY:

Receipt Number: _____

Deputy Clerk's Initials: _____