

**APPLICATION FOR CERTIFIED COPY OF A MARRIAGE RECORD**  
**PLEASE PRINT LEGIBLY**  
**FURNISH ALL POSSIBLE INFORMATION**

Name of Bride: \_\_\_\_\_  
(Prior to this marriage)

Name of Groom: \_\_\_\_\_

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 a certified Marriage Record is \$15.00 and each additional copy requested at that time will be \$10.00.**

**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