

MARRIAGE REQUEST FORM

Cash _____

Fee: \$15.00 for first copy/ \$5.00 for each additional copy of same record ordered at the same time

Check _____

N/C _____

Name of Husband _____
First Name Middle Name Last Name

Wife's Name at Time of Marriage _____
First Name Middle Name Last Name

Date of Marriage _____

Place of Marriage _____
City, Town, or Village

I, the undersigned, do hereby certify that I am a person, or a duly authorized agent of a person, who is legally entitled to the marriage certificate requested above, as specified by State Statute.

Signature of Person Requesting Copy

Address

City State Zip

Relationship of Person Requesting Copy

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