

Marriage Record Order Form

NO IMMEDIATE PROCESSING

HUSBAND's Name: (Please print clearly)

Last: _____ First: _____ Middle: _____

WIFE's Name when applied: (Please print clearly)

Last: _____ First: _____ Middle: _____

Date of Marriage _____ File Number _____

Type of Marriage Record Requested:

_____ **Plain - \$6.00**

_____ **Certified Record - \$25.00**

_____ **Exemplified Copy - \$30.00**

Name and Address of requestor:

Name

Address

City, State, Zip

Phone

MILITARY SERVICE?

YES

NO

MAIL?

CALL WHEN READY? (if different phone # listed above)

(_____) - _____ - _____