

MARRIAGE CERTIFICATE REQUEST

Full Maiden Name of Bride: _____

Full Maiden Name of Groom: _____

Date of Marriage: _____ # of Copies: _____ (\$15 each \$6 each additional)

Applicant Name: _____

Applicant Address: _____

Indicate your relationship to the person whose record you have requested:

- Self Parent Guardian
 Descendant Attorney of Person on Record
 Genealogist DHHS ID# _____

By my signature below, I swear/affirm that the information above is true and correct.

Applicant Signature: _____

Today's Date: _____

Below this line is for Clerk's use only

Proof of Identity of applicant:

Applicant must provide one of these:

- Driver's License# _____ Government issued picture ID
 Passport

OR two of these:

- Utility bills DD 214 Pay Stub
 Bank Statement Vehicle Registration Income Tax return(W-2)
 Personal Check w/ address A previously issued vital record Hospital: birth worksheet
 License/rental agreement Voter registration card Disability award from SSA
 Dept. of Corrections ID card Social Security card
 Letter from government agency requesting record (DHHS, WIC)
 Other (Items include name, address, and date of birth): _____

In order to establish eligibility to acquire record:

- Related applicants must provide proof of lineage plus ID.
 Domestic Partners must provide proof of registration of domestic partnership plus ID.
 Attorneys must provide a signed, notarized release from family plus ID.
 Genealogists must provide a state-issued card plus ID.

Do not retain copies of proof provided or note any specific numbers.

Clerk's Initials _____