

Order form for certified  
Marriage License

Full Maiden Name of Bride: \_\_\_\_\_

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

Date of Marriage: \_\_\_\_\_

How many copies? \_\_\_\_\_ (\$15 for first copy, \$6 for each additional copy)

Applicant Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Self/Spouse                      | <input type="checkbox"/> Guardian                      |
| <input type="checkbox"/> Parent                           | <input type="checkbox"/> Descendant                    |
| <input type="checkbox"/> Federal/State/Local Government   | <input type="checkbox"/> Attorney of Person on Record  |
| <input type="checkbox"/> Agency or Public School Official | <input type="checkbox"/> Genealogist DHHS I.D. # _____ |
|   | <input type="checkbox"/> Other _____                   |

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant must provide one of these:

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport         |   |

OR two of these:

- |  |   |
|--|---|
| <input type="checkbox"/> Utility Bills   | <input type="checkbox"/> DD 214                           |
| <input type="checkbox"/> Bank Statements   | <input type="checkbox"/> Hospital birth worksheet         |
| <input type="checkbox"/> Vehicle Registration  | <input type="checkbox"/> License/Rental Agreement         |
| <input type="checkbox"/> Income Tax Return   | <input type="checkbox"/> Pay Stub                         |
| <input type="checkbox"/> Personal Check with Address                                 | <input type="checkbox"/> Voter Registration Card          |
| <input type="checkbox"/> Previously used Vital Record or Marriage License            | <input type="checkbox"/> Disability award from SSA        |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> Medicare/Medicaid Insurance Card |
| <input type="checkbox"/> Department of Corrections I.D. card                         | <input type="checkbox"/> School or Employee Photo I.D.    |
| <input type="checkbox"/> Social Security Card  | <input type="checkbox"/> Other _____                      |

In order to establish eligibility to acquire record:

- ☐ Related applicants must provide proof of lineage, plus I.D.
- ☐ Domestic Partners must provide proof of registration of domestic partnership, plus I.D.
- ☐ A spouse must provide proof of marriage, plus I.D.
- ☐ Attorneys must provide a signed, notarized release from family, plus I.D.
- ☐ Genealogists must provide a state-issued card, plus I.D.
- ☐ Government entities must provide written requests of agency on letterhead, plus I.D. of requestor

Clerk's Initials: \_\_\_\_\_

Certified Paper #: \_\_\_\_\_ Amount Collected: \_\_\_\_\_