Marriage License

Full Maiden Name of Bride/Spouse:

Full	Name	of	Groom/Spouse:
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- Date of Marriage: _____
- Place of Marriage: _____

Applicant Name:

Applicant Address:

Indicate your Relationship to the person on

requested record below:

- □ Self/Spouse
- Parent
- Guardian
- Descendant
- □ Attorney of person on record
- Genealogist ID # _____

By signing below, I swear/affirm that the information above is true and correct. Applicant Signature:

Today's Date:

\$15 for 1st copy, \$6 for each additional copy

<u>App</u>	lican	nt must provide one of these:			
		Driver's License	CER		
		Passport			
		Government issued picture I.D.	AMO		
OR	two	of these:			
		Utility bills			
		Bank statements			
		Vehicle registration	ID Sł		
		Income tax return			
	Personal Check w/ address		ID #:		
		A previously issued vital record	<i>π</i> .		
		Letter from government agency requesting	_ .		
		record (DHHS, WIC)	Expii		
		Department of Corrections I.D. card			
		Social Security Card			
		DD 214			
		Hospital; birth worksheet			
		License/rental agreement			
		Pay stub			
		W-2			
		Voter Registration card			
		Disability award from SSA			
		Other			
Esta	ablis	hing eligibility to acquire record:			
Related applicants must provide proof of		Related applicants must provide proof of			
		lineage.			
· · · · · · · · · · · · · · · · · · ·		Domestic Partners must provide proof of			
		registration of domestic partnership			
		Attorneys must provide a signed, notarized			
		release from family			
		Genealogists must provide a state-issued			
		card			
		Do not retain copies of proof provided or			

note any specific numbers

Proof of identity of applicant:

INITIALS OF STATE PERSONNEL

CERT#	# of copies				
AMOUNT PAID					
CASH CHECK#_	CC				
ID Shown:					
ID #:					
Expires:					