

MARRIAGE CERTIFICATE APPLICATION

Bride/Groom/Spouse

Birth Name:	Date of Birth:
If previously married, name used at that time:	Residence (at time of marriage):

Bride/Groom/Spouse

Birth Name:	Date of Birth:
If previously married, name used at that time:	Residence (at time of marriage):

Marriage Information

Place where marriage license was issued:	Date of marriage (MM/DD/YYYY):
Purpose for which record is requested:	Place of marriage:
In what capacity are you acting:	What is your relation to the person whose record is requested (if self, state "SELF"):

Applicant Name _____

Phone number (____) _____ Email _____

Address

Signature _____ Date _____