

NON-REFUNDABLE SEARCH FEE
Marriage Certificate

Full Maiden Name of Bride/Spouse: _____

Full Name of Groom/Spouse: _____

Date of Marriage: _____

Place license issued: _____

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
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Proof of identity of applicant: _____

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- 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 _____

Establishing eligibility to acquire record:

- 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

STATE PERSONNEL USE ONLY _____

CERT# _____ # of copies _____

AMOUNT PAID _____

CASH _____ CHECK# _____ CC _____

ID Shown: _____

ID #: _____

Expires: _____

Notes: _____