

Marriage Certificate

Full Maiden Name of Bride/Spouse:

Full Name of Groom/Spouse:

Date of Marriage: _____

How many copies? _____

***\$15 for 1st copy, \$6 for each additional copy
of the same record***

Applicant Name:

Applicant Current Mailing Address:

Phone # _____

Indicate your Relationship to the person on
requested record below:

- Self/Spouse
- Parent
- Personal Representative
- Family/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: _____

Proof of identity of applicant:

Applicant must provide one of these:

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

OR, If no photo ID is available, applicant may provide
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