MARRIAGE CERTIFICATE REQUEST

Full Maiden Name of Bride <u>:</u>		
Full Maiden Name of Groom <u>:</u>		
Date of Marriage:	# of Copies:	(\$15 each - \$6 each additional)
Applicant Name:		
Applicant Address:		
Indicate your relationship to the pers	son whose record you have reque	sted:
Self	Parent	Guardian
Descendant	Attorney of Person	on Record
Genealogist DHHS ID#_		
C C		
By my signature below, I swear/affir	m that the information above is t	rue and correct.
Applicant Signature:		
Applicant Signature:		
Today's Date:		
	Below this line is for Clerk's use only	
MUST provide proof of Identity of applican	t	
Driver's License	Government issued picture ID	Passport
	OR two of these:	
Utility bills	DD 214	Pay Stub
Bank Statement	Vehicle Registration	Income Tax return(W-2)
Personal Check w/ address	A previously issued vital record	Hospital: birth worksheet
License/rental agreement	Voter registration card	Disability award from SSA
Dept. of Corrections ID card	Social Security card	

____ Letter from government agency requesting record (DHHS, WIC)

In order to establish eligibility to acquire record:

- Related applicants must provide proof of lineage plus ID.
- Domestic Partners must provide proof of registration of domestic partnership plus ID.
- Attorneys must provide a signed, notarized release from family plus ID.
- Genealogists must provide a state-issued card plus ID.

Do not retain copies of proof provided or note any specific numbers.