# Marriage License

Full Maiden Name of Bride/Spouse:

_____

Full Name of Groom/Spouse:

_____

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**

**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**

INITIALS OF STATE PERSONNEL _____

CERT# _____ # of copies_____

AMOUNT PAID _____

CASH _____ CHECK#_____ CC_____

ID Shown: _____

ID #: _____

Expires: _____