

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:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Self/Spouse | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Attorney of Person on Record | |
| <input type="checkbox"/> Genealogist ID # _____ | |

By signing below, I swear/affirm that the information above is true and correct.

Applicant's 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 ID

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 ID card
- ☐ Social Security Card
- ☐ DD214
- ☐ 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: