

**Marriage Certificate**

Full Maiden Name of Bride/Spouse: \_\_\_\_\_

Full Name of Groom/Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

How many copies? \_\_\_\_\_ (\$15 for 1<sup>st</sup> copy, \$6 for each additional copy)

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- |   |   |
|---|---|
| <input type="checkbox"/> Self /Spouse                 | <input type="checkbox"/> Federal/State/Local Government |
| <input type="checkbox"/> Parent                       | Agency or Public School official                        |
| <input type="checkbox"/> Guardian                     | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Descendant                   | <input type="checkbox"/> Genealogist ID # _____         |
| <input type="checkbox"/> Attorney of person on record |   |

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

Applicant Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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*Below line is for Clerk's use only*

**Proof of identity of applicant:**

Applicant must provide one of these:

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport         |   |

OR two of these:

- |  |   |
|--|---|
| <input type="checkbox"/> Utility bills   | <input type="checkbox"/> DD 214   |
| <input type="checkbox"/> Bank statements   | <input type="checkbox"/> Hospital; birth worksheet  |
| <input type="checkbox"/> Vehicle registration  | <input type="checkbox"/> License/rental agreement   |
| <input type="checkbox"/> Income tax return/ W2                                       | <input type="checkbox"/> Pay stub   |
| <input type="checkbox"/> Personal Check w/ address                                   | <input type="checkbox"/> Voter Registration card  |
| <input type="checkbox"/> A previously issued vital record                            | <input type="checkbox"/> Disability award from SSA  |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> Medicare/Medicaid Insurance Card                                     |
| <input type="checkbox"/> Department of Corrections I.D. card                         | <input type="checkbox"/> School or Employee Photo I.D.  |
| <input type="checkbox"/> Social Security Card  | <input type="checkbox"/> Other (items that include the name, address and date of birth) _____ |

**In order to establish eligibility to acquire record:**

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- A spouse must provide proof of marriage, plus I.D.
- Attorneys must provide a signed, notarized release from family, plus I.D.
- Genealogists must provide a state-issued card, plus I.D.
- Government entities must provide written request o agency letterhead, plus I.D. of requestor

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

Clerk's Initials: \_\_\_\_\_