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:

0 Self/Spouse

CI Parent

CI Guardian

EI Descendant

EI Attorney of person on record

CI 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

NON-REFUNDABLE SEARCH FEE

Proof of identity of applicant:

Applicant must provide one of these:

CI Driver's License

CI Passport

CI Government issued picture I.D.

OR two of these:

CI Utility bills

0 Bank statements

EI Vehicle registration

CI Income tax return

EI Personal Check w/ address

0 A previously issued vital record

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

El Department of Corrections I.D. card

EI Social Security Card

CI DD 214

EI Hospital; birth worksheet

CI License/rental agreement

EI Pay stub

EI W-2

CI Voter Registration card

EI Disability award from SSA

EI Other _____

Establishing eligibility to acquire record:

EI Related applicants must provide proof of lineage.

CI Domestic Partners must provide proof of registration of domestic partnership

EI Attorneys must provide a signed, notarized release from family

EI Genealogists must provide a state-issued card

CI **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: