

TYPE OF RECORD DESIRED (Enter Number of Copies)

<p>Search and Certified Transcript <input type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well as date and place of birth of the bride and groom.</p> <p>A Certified Transcript may be used as proof that a marriage occurred.</p>	<p>Search and Certified Copy <input type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Copy includes all of the items of information occurring on the original record of the marriage.</p> <p>A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.</p>
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Bride/Groom/Spouse

Name (as recorded on marriage license):	Date of Birth: <i>(or age at time of marriage)</i>
<i>First Middle Last Birth Name (if different)</i>	
If Previously Married, State Name Used at that Time:	Residence (at time of marriage):
<i>First Middle Last</i>	<i>County State</i>

Bride/Groom/Spouse

Name (as recorded on marriage license):	Date of Birth: <i>(or age at time of marriage)</i>
<i>First Middle Last Birth Name (if different)</i>	
If Previously Married, State Name Used at that Time:	Residence (at time of marriage):
<i>First Middle Last</i>	<i>County State</i>

Marriage Information

Place Where Marriage License Was Issued:	Place Where Marriage Was Performed:	Marriage Certificate No.: <i>(if known)</i>	Local Registration No.: <i>(if known)</i>
<i>Town or City County</i>	<i>Town or City County</i>		

Purpose for which record is required:	Date of Marriage or Period Covered by Search: Married on or Search from: _____ <i>(mm / dd / yyyy)</i>
In what capacity are you acting?:	What is your relationship to person whose record is required? <i>(If self, state "SELF")</i>
	Search to: _____ <i>(if searching period) (mm / dd / yyyy)</i>

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant	Date:	Applicant's Phone Number:
Name of Applicant:	Please print name and address where record is to be sent:	
Address of Applicant:	_____	
_____	_____	
_____	_____	
<i>City State ZIP</i>	<i>City State ZIP</i>	