

# Marriage Certificate Request Form

Full Maiden Name of Party B/  
Bride/Spouse

Full Name of Party A/  
Groom/Spouse

Date of Marriage

Applicant Name

Applicant Address

Number of Copies

(\$15 for the 1st Copy, and \$6 for each additional copy)

Indicate circle your Relationship to the person on the requested record below:

Self

Spouse

Parent

Registered/Domestic Partner

Descendant

Genealogist ID Number

Guardian

Attorney or Person on Record

Other:

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

Date

Applicant Signature

## For Office Use Only

### Applicant must provide proof of one of the following:

Driver's License

Passport

Government Issued Picture I.D.

### Or two of the following:

Utility Bills

Bank Statements

Vehicle Registration

Income Tax Return

Personal Check w/address

Previously Issued Vital Record

Letter from government agency  
requesting record

Dept. 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.