

EXISTING MARRIAGE DOCUMENT REQUEST

Marriage Certificate

Marriage Application

DATE _____

SPOUSE ONE – FULL NAME (BEFORE MARRIAGE)

SPOUSE TWO – FULL NAME (BEFORE MARRIAGE)

DATE OF MARRIAGE _____

NUMBER OF CERTIFIED COPIES NEEDED \$10.00/each _____

NUMBER OF PLAIN COPIES NEEDED \$1.00/each _____

(OPTIONAL) If you are unable to wait, want to return later to pick up or want copies mailed to you, please provide the following information (Please write clearly):

Call when ready

Will pick up

Mail (payment required)

Your Name: _____

Your Phone Numbers: _____

Your Email: _____

Your Mailing Address:

Street _____ Apt or Unit No _____

City _____ State _____ Zip Code _____

Copies will not be sent by mail before payment in full is received in Probate Court.