## NON-REFUNDABLE SEARCH FEE

## Marriage Certificate

Full Maiden Name of Bride/Spouse:

. . .

\_ # of copies\_\_

note an		אכאיאבו מאטאטרב מבאאכח רבם
Do not		NON-BEELINDABLE SEVED FEE
card		\$15 for 1 <sup>st</sup> copy, \$6 for each additional copy
Geneal		Today's Date:
release		
Attorney		Applicant Signature:
registra		information above is true and correct.
Domest		By signing below, I swear/affirm that the
lineage.		
Related		
Establishing eli	Establis	ם פפופמוטלומרום #
Other_		
Disabili		Attorney of person on record
Voter R		Descendant
W-2		☐ Guardian
Pay stu		☐ Parent
License		☐ Self/Spouse
Hospite		requested record below:
DD 214		Indicate your Relationship to the person on
Social (		
Departi		
record		Application and cool.
Letter f		Applicant Address:
A previ		
Person		Applicant Name:
Income		Place license issued:
Vehicle		Date of Marriage:
Bank s		
Utility b		Full Name of Groom/Spouse:
OR two of these	OR two	
Govern		י מון זייומומים דימווים טו ביומק/סףטמסק.

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note any specific numbers	Do not retain copies of proof provided or	card	Genealogists must provide a state-issued	release from family	Attorneys must provide a signed, notarized	registration of domestic partnership	Domestic Partners must provide proof of	lineage.	Related applicants must provide proof of	Establishing eligibility to acquire record:	Other	Disability award from SSA	Voter Registration card	W-2	Pay stub	License/rental agreement	Hospital; birth worksheet	DD 214	Social Security Card	Department of Corrections I.D. card	record (DHHS, WIC)	Letter from government agency requesting	A previously issued vital record	Personal Check w/ address	Income tax return	Vehicle registration	Bank statements	Utility bills	OR two of these:	Government issued picture I.D.	Passport	Driver's License	Applicant must provide one of these:	Proof of identity of applicant:
								x											Notes:		Expires:		- T = 1			ID Shown:		CASH CHECK# CC		AMOUNT PAID		CERT# # of conid		STATE PERSONNEL USE ONLY

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