TYPE OF RECORD DESIRED (Enter Number of Copies)						
Search and Certified Transcript	Fee \$10.00 per copy	Search and Certified Copy			Fee \$10.00 per copy	
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.		A Certified Copy includes all of the items of information occurring on the original record of the marriage. A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits,				
A Certified Transcript may be used as proof that	court proceedings, or settlement of an estate.					
Bride/Groom/Spouse						
Name (as recorded on marriage license):				Date of Birth: (or age at time of marriage)		
First Middle Last Birth Name (if If Previously Married, State Name Used at that Time: Residence					marriane):	
Tronday Marioa, State Harris Social at that Time.				ce (at time of marriage):		
First Middle Last				County State		
Bride/Groom/Spouse						
Name (as recorded on marriage license):				1	ate of Birth: rage at time of marriage)	
First Middle Last If Previously Married, State Name Used at that Time:			Birth Name (if different)			
If Previously Married, State Name Used at that Time: Residence (at time of marriage):						
First Middle	Last			County	State	
Marriage Information						
Place Where Marriage License Was Issued:	Place Where Marriage W	re Marriage Was Performed: Marriage Certi			Local Registration No.: (if known)	
Town or City County	Town or City	County	······································			
Purpose for which record is required:				Date of Marriage or Period Covered by Search:		
				Married on or Search from:		
In what capacity are you acting?:	nship to person whose record is	s required?	Search from:	(mm / dd / yyyy)		
(If self, state "SELF		·".)		Search to:		
			(if searching	period) (mm / dd / yyyy)		
If attorney, give name and relationship of your client to person whose record is required:						
Signature of Applicant	Applicant's Phone Number:					
Alexandra Alexandra		<u> </u>				
Name of Applicant:	Please print name and add	aress wnere	recora is t	o de sent		
Address of Applicant:						

City	State 7IP	City			Stata 7ID	