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**APPLICATION FOR  
MARRIAGE RECORDS**

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Amount \$ \_\_\_\_\_

Date \_\_\_\_\_

Cashier \_\_\_\_\_

PLEASE CHECK  
( ) CERTIFIED ( ) PLAIN

<b>1. FULL NAME OF MALE ON LICENSE</b>	First Name	Middle Name	Last Name
<b>2. FULL NAME OF FEMALE ON LICENSE</b>	First Name	Middle Name	Last Name
<b>3. DATE OF MARRIAGE</b>	Month	Day	Year

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_

Relationship to Person Named in Item 1 or 2 Above \_\_\_\_\_

Purpose of Obtaining this record \_\_\_\_\_

**If the certified copy is to be mailed to a different person, please complete:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**WARNING**

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000.00  
(Vernon's Texas Health and Safety Code, Chapter 195)

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_