

For Office Use Only
DOCUMENT CONTROL# _____
By: _____

DWIGHT D. SULLIVAN
Galveston County Clerk
600 59th Street, Suite 2001
Galveston, Texas 77551
Tel: (409)766-2200

For Office Use Only
Remit No. _____
Amount \$ _____
Cash _____ Check _____
Date: _____ By: _____

APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE

Marriage License
Amount Requested
_____ Certified Copies @ \$9.00 each

DONATION Yes,
I wish to make a voluntary contribution of
\$5 to promote healthy early childhood by
supporting the Texas Home Visiting
Program.
(This fee will be sent to the State)

1. HUSBAND'S NAME _____
FIRST MIDDLE LAST
2. WIFE'S MAIDEN NAME: _____
FIRST MIDDLE LAST (Maiden)
3. DATE OF MARRIAGE: _____
MONTH/DAY/YEAR
4. PLACE OF MARRIAGE: _____
CITY/COUNTY/STATE
5. APPLICANT'S SIGNATURE: _____
6. APPLICANTS MAILING ADDRESS: _____

7. DATE OF APPLICATION: _____

(WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. HCS, CHPT 678, SEC. 195.003)