**APPLICATION FOR MARRIAGE RECORD**

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| Date: ***Click here to enter a date.*** |
| Amount $***Click here to enter text.*** |

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|  |
| NAME ON RECORD ***Click here to enter text.*** |
| DATE OF MARRIAGE ***Click here to enter text.*** |

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| **APPLICANT INFORMATION** |

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| Applicant’s Name ***Click here to enter text.*** |
|  |
| Mailing Address ***Click here to enter text.*** City ***Click here to enter text.*** |
|  |
| State ***Click here to enter text.*** Zip Code ***Click here to enter text.*** Phone#***Click here to enter text.*** |
|  |
| Relationship to Person Named ***Click here to enter text.*** |
|  |
| Purpose for Obtaining this record ***Click here to enter text.*** |
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| **WARNING:** THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO $10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 678 195.003) |

SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ***Click here to enter a date.***

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| FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE **EVEN IF A RECORD IS NOT FOUND** |