**APPLICATION FOR MARRIAGE RECORD**

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

Cashier\_\_\_\_\_\_\_\_\_\_\_

$20.00 Search Volume\_\_\_\_\_\_\_\_\_\_\_

$8.00 Certified Copies Page\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PRINT**

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

|  |
| --- |
| **APPLICANT INFORMATION** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | 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.*** | |  | |

|  |
| --- |
| **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.***

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