

Marriage Intentions and/or License

Full Maiden Name of Bride/Spouse:

Full Name of Groom/Spouse:

Date of Marriage: _____

Place of Marriage: _____

Applicant Name:

Applicant Address:

Indicate your Relationship to the person on
requested record below:

- Self/Spouse
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____

*By signing below, I swear/affirm that the
information above is true and correct.*

Applicant Signature:

Today's Date: _____

**\$15 for 1st copy, \$6 for each additional copy
\$40 for Intentions**

Proof of identity of applicant:

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting
record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other _____

Establishing eligibility to acquire record:

- Related applicants must provide proof of
lineage.
- Domestic Partners must provide proof of
registration of domestic partnership
- Attorneys must provide a signed, notarized
release from family
- Genealogists must provide a state-issued
card
- Do not retain copies of proof provided or
note any specific numbers**

INITIALS OF STAFF _____

CERT# _____ # of copies _____

AMOUNT PAID _____

CASH _____ CHECK# _____ CC _____