

APPLICATION FOR MARRIAGE LICENSE

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PLEASE PRINT

1.Full Name of Male on License	First Name	Middle Name	Last Name
2.Full Name of Female on License	First Name	Middle Name	Last Name
3,Date of Marriage	Month	Day	Year

4.Applicants Name: _____

5.Mailing Address: _____
Street Address City State ZIP Code

6.Telephone # (____) - _____ - _____

7.Relationship to Person Named in Item 1: _____

8.Purpose for obtaining this record: _____

Signature of Applicant: _____ **Date:** _____

Identification Type: _____ **Number:** _____
Attach Photocopy Driver's License, ID Card etc

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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)

**ARASELI B. LICHTENBERGER
DUVAL COUNTY CLERK
San Diego, Texas 78384**

If the Certified Copy is to be mailed to some other person, please provide the Name and Address
Name: _____ **Street Address:** _____
City: _____ **State:** _____ **ZIP:** _____