

APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE

HEMPHILL COUNTY & DISTRICT CLERK
PO BOX 867
400 MAIN STREET
CANADIAN, TX 79014

DATE OF APPLICATION:

MONTH DAY YEAR

DATE OF MARRIAGE:

MONTH DAY YEAR

NAME OF MAN:

FIRST MIDDLE LAST

NAME OF WOMAN:

FIRST MIDDLE LAST (MAIDEN)

REASON FOR REQUEST: _____
(EMPLOYMENT, SOCIAL SECURITY, PERSONAL RECORD, ETC.)

APPLICANT'S SIGNATURE: _____

APPLICANT'S PRINTED NAME: _____

APPLICANT'S TELEPHONE NUMBER: _____

APPLICANT'S RELATION (IF LICENSE WAS ISSUED TO ANOTHER PERSON): _____

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services.

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FOR OFFICE USE:

FEES: \$10 IN OFFICE \$11 BY MAIL

IDENTIFYING INFORMATION ON APPLICANT: _____

CERTIFICATE NUMBER: _____