

APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE

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

TODAY'S DATE:

MONTH DAY YEAR

DATE OF MARRIAGE:

MONTH DAY YEAR

NAME OF APPLICANT 1:

FIRST MIDDLE LAST (MAIDEN, IF APPLICABLE)

NAME OF APPLICANT 2:

FIRST MIDDLE LAST (MAIDEN, IF APPLICABLE)

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.

Warning: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. A person commits an offense if the person intentionally or knowingly makes a false statement of directs another person to make a false statement in an application for a certified copy of vital records [HSC§ 195.003 (a-4)]

FOR OFFICE USE:

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

IDENTIFYING INFORMATION ON APPLICANT: _____

CERTIFICATE NUMBER: _____

RETURN ADDRESS:

