

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

**RETURN ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 or directs another person to make a false statement in an application for a certified copy of vital records [HSC§ 195.003 (a-4)]*

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FOR OFFICE USE:

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

IDENTIFYING INFORMATION ON APPLICANT: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_