

For Office Use Only

Document Control # _____ # Copies Requested _____ Vol/Page or Document # _____
Amount \$ _____ cash check credit card Date _____ By: _____

APPLICATION FOR CERTIFIED COPY OF MARRIAGE LICENSE
(Jackson County Marriages Only)

I wish to make a voluntary contribution of \$5 to promote healthy early childhood by supporting the Texas Home Visiting Program. (This fee is sent to the State)

1. HUSBAND'S NAME: _____
FIRST MIDDLE LAST
2. WIFE'S MAIDEN NAME: _____
FIRST MIDDLE LAST
3. DATE OF MARRIAGE: _____
MONTH DAY YEAR
4. PLACE OF MARRIAGE: _____
CITY COUNTY STATE

APPLICANT'S NAME: _____

APPLICANT'S MAILING ADDRESS: _____

DATE OF APPLICATION: _____

APPLICANT'S SIGNATURE: _____

(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 – HEALTH & SAFETY CODE 195.003)