

REQUEST FOR CERTIFIED COPY OF MARRIAGE LICENSE

FEE \$8.00

DATE OF REQUEST: _____

APPLICANT 1: _____
(maiden name)

APPLICANT 2: _____
(maiden name)

DATE OF MARRIAGE: _____

YOUR FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

SIGNATURE: _____

MAIL CERTIFIED CHECK OR MONEY ORDER TO:
GRAY COUNTY CLERK
PO BOX 1902
PAMPA, TX 79066

NO PERSONAL CHECKS
PLEASE INCLUDE A COPY OF YOUR CURRENT PHOTO ID