	TYPE OF	RECORD DESIRE	D (Enter Num	ber of Copic	es)	
Search and Certified Transcript		Fee \$10.00 per copy	Search and Certified Copy			Fee \$10.00 per copy
A Certified Transcript is ar seal of the town/city clerk. residence at the time the li as date and place of birth of A Certified Transcript may	A Certified Copy includes all of the items of information occurring on the original record of the marriage. A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.					
Bride/Groom/Spouse	9					
Name (as recorded on marriage license):				-		Date of Birth: for age at time of marriage)
If Proviously Married Sta	Middle	Last		Birth Name (if d		1961
If Previously Married, State Name Used at that Time: Residence (at time of marriage):						
First	Middle	Last	Сог		County	State
Bride/Groom/Spouse)					
Name (as recorded on m	narriage license):	PART AND	(1)	and consold by		Date of Birth: for age at time of marriage)
First Middle Last If Previously Married, State Name Used at that Time:				Birth Name (if different)		
ii Previously Mamed, Sta		Residence (at time of marriage):				
First Middle Last					Country	OLA.
Marriage Information		Last			County	State
		Place Where Marriage W	as Performed:	Marriage Certificate No.: Local Registration No. (if known)		Local Registration No.:
Town or City	County	Town or City	County			
Purpose for which record		Date of Marriage or Period Covered by Search: Married on or Search from:				
In what capacity are you acting?: What is your related (If self, state "SEI")			ship to person whose record is required? (mm / dd / yyyy) Search to:		(mm / dd / yyyy)	
If attorney, give name and relationship of your client to person whose reco			rd is required:	300	(if searching	g period) (mm / dd / yyyy)
ii atomoy, give name and	a relation ship of your c	Sheric to person whose recol	a is required.			namek
Signature of Applicant Date:			Applicant's Phone Number:			
Name of Applicant:			Please print name and address where record is to be sent:			
Address of Applicant:			Handada ar han i	H COMP		purofigf)
A CONTRACTOR OF THE STATE OF TH			e e-memore street - 110M B8A 7 II			
		Hilliand	seminer Deduction	r I all'av		
City		State ZIP	City			State ZIP