## APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD FOR STATE OF EMERGENCIES

Copy Type: Wildfire Name:

**CERTIFICATE TYPE:** I am requesting an AUTHORIZED COPY (notarized sworn statement required)

I am requesting an INFORMATIONAL COPY

## Part 1 - Relationship to Person on Certificate (Registrant): Check appropriate box.

The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Legal guardian must provide documentation.)

A party entitled to receive the record as a result of court order. (Please include a copy of the court order.)

A member of a law enforcement agency or representative of another governmental agency, as provided by law, who is conducting official business. (Companies represent a government agency must provide authorization from the government agency.)

Any person or agency empowered by statue or appointed by court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney or documentation identifying you as executor.)

An attorney represent the registrant or the registrant's estate. Number of Copies:

**Part 2 - Marriage Record Information:** Complete First Person and Second Person information below as shown on the marriage record.

Name of 1st Person - FIRST Name   MIDDLE Name		Cur	rent LAST Name	LAST Name at Birth	
Name of 2nd Person - FIRST	Name MIDDLE Name	Cur	rent LAST Name	LAST Name at Birth	
County Marriage Occurred/License Issued		Date o	Date of Marriage - MM/DD/YYYY		
Part 3 - Applicant Information	on: Please PRINT all infort	mation legib	ly.		
First Name		Last Nam	Last Name		
Mailing Address: Number, St	reet, and Unit # (if applic	able)	City		
Zip Code	State/Province		Country		
Telephone (include area code)		Email Address			
Comments					