

REQUEST FOR CERTIFIED COPY OF A MARRIAGE LICENSE

Please complete the following: (Please include the name of both spouses.)

Spouse 1 Name: _____

Spouse 2 Name: _____

(Maiden name OR name at the time applied for license.)

Date of Marriage: _____

Number of Copies: _____

Your contact information:

Name: _____

Full Address: _____

Phone: _____ Email: _____

REQUEST BY MAIL

Complete and return this form and \$4.00 for each copy of your marriage license (do not send cash; check or money order is preferred) and mail to:

Morgan County Clerk's Office
ATTN: Records Dept
180 S. Main St., Suite 172
Martinsville, Indiana 46151

TO PAY BY CREDIT/DEBIT CARD

If you would like to pay by credit/debit card, please email this form to

records@morgancounty.in.gov then call

765-205-1601 with your card number

or fill in card information above and mail.

Please don't email credit card information.

There is a \$1.50 service charge for using your card.

REQUEST IN PERSON

If you prefer to pick up your copy (or copies) in person, please email this form to

records@morgancounty.in.gov

then call our Records Department

at 765-205-1601 to make arrangements.

of Copies _____ X \$4.00 \$ _____

Postage up to 5 pages: \$1.30

6 to 15 pages: \$1.90 \$ _____

If paying by credit/debit card

add \$1.50 \$ _____

Amount Enclosed: \$ _____

Name on Card:

Credit/Debit Card Number:

Exp Date:

Phone # (must be associated with card)
