**APPLICATION FOR A CERTIFIED COPY OF MARRIAGE LICENSE**

NUMBER OF COPIES\_\_\_\_\_

*CERTIFIED COPY: $9.00*

**MARRIAGE LICENSE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| *Date of**Marriage:* |  |  |  |
| *Fecha de matrimonio* | *Month/Mes* | *Day/Dia* | *Year/Ano* |
|  *Husband’s Name:* |  |  |  |
| *Esposo* | *First/Primero* | *Middle/Segundo* | *Last/Appellido* |
| *Wife’s Name:* |  |  |  |
| *Esposo* | *First/Primero* | *Middle/Segundo* | *Last/Appellido* |
| *Maiden Name:* |  |  |  |
| *Anterior* | *First/Primero* | *Middle/Segundo* | *Last/Appellido* |

***REQUESTOR’S INFORMATION***

|  |  |  |  |
| --- | --- | --- | --- |
| *Name:* |  |  |  |
| *Nombre* | *First/Primero* | *Middle/Segundo* | *Last/Appellido* |
| *Home Address:* |  |  |  |
| *Domicillo* | *Street/Calle #* | *Apt #* | *City/State/Zip* |
| *Phone #:* |  |  |  |
| ***Telefona*** |  |  |  |
| *Mailing Address:* |  |  |  |
| *Lugar de correo* | Street/Calle # | Apt # | City/State/Zip |

Signature/Firma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Fecha\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

I wish to make voluntary contribution of $5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the office of Early Childhood Coordination of Health and Human Services.