



YOUNG COUNTY CLERK
 516 4TH STREET, ROOM 104
 GRAHAM, TEXAS 76450
 PHONE: 940-549-8432

OFFICE USE ONLY		
ISSUING CLERK		RECEIPT#
YEAR	VOL	PAGE

PAYMENT FOR LICENSE NEEDS TO BE CASHIER'S CHECK OR MONEY ORDER
APPLICATION FOR A CERTIFIED COPY OF MARRIAGE LICENSE

CERTIFIED COPY \$ <u>9.00</u>	MARRIAGE LICENSE INFORMATION	NUMBER OF COPIES _____
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Date of Marriage:			
Fecha de matrimonio	Month/Mes	Day/Dia	Year/Año
Husband's Name:			
Esposo	First/Primero	Middle/Segundo	Last/Appellido
Wife's Name:			
Esposa	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:			
Domicilio	# Street/Calle	Apt #	City/Ciudad State/Estado Zip Code/Codigo
Phone#:			
Telefono			
Mailing address:			
Lugar de correo	# Street/Calle	Apt #	City/Ciudad State/Estado Zip Code/Codigo

 Your Signature /Firma

 Date/Fecha



I wish to make a 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.
 Deseo hacer una contribucion voluntaria de \$5.00 para promover ninez temprana sana apoyando Programa casero de Tejas Visitation administrado por la oficina de la coordinacion temprana de la ninez de la salud y de los servicios humanos.

*****PLEASE ATTACH COPY OF PHOTO IDENTIFICATION*****