SEND REQUEST TO: COUNTY CLERK'S OFFICE P.O. BOX 189 CENTREVILLE, MI. 49032

ST. JOSEPH COUNTY CLERK'S OFFICE LINDSAY OSWALD

\$ 20.00/1st copy \$ 10.00/each additional NO PERSONAL CHECKS

Today's Date _____

MARRIAGE CERTIFICATE REQUEST

(Please print all information except signature)

I,Requestor's N	Name – Please Print	do hereby request _	copy/copies
of the following person's ma	rriage certificate:		
Groom's Name			
First	Middle		Last
Bride's Name			
First	Middle		Maiden Name
Date of Marriage	Place of Mar	riage	
Signature	Phone #_		
	FOR OFFICE USE ONLY		
Receipt #	_	File #	
ID Used	_	Written By	