

SEND REQUEST TO:
GINA EVERSON
P.O. BOX 189
CENTREVILLE, MI. 49032
269-467-5603

ST. JOSEPH COUNTY CLERK'S OFFICE

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

MARRIAGE CERTIFICATE REQUEST

(Please print all information except signature)

Today's Date _____

I, _____ do hereby request _____ copy/copies
Requestor's Name - Please Print #

of the following person's marriage certificate:

Spouse #1 Name

First Middle Last Name Prior to Marriage

Spouse #2 Name

First Middle Last Name Prior to Marriage

Date of Marriage _____ **Place of Marriage** _____
City/County

Phone _____ **Email** _____

Signature _____

Billing Address:

Name

Street Address

City/State/Zip

FOR OFFICE USE ONLY

Receipt # _____

File # _____

Written By _____