



## Request for Copy of Marriage License

Fee for each certified copy is \$8.00  
(All copies of marriage licenses are certified copies)

Date of Request: \_\_\_\_\_

Name of Groom: \_\_\_\_\_

Name of Bride: \_\_\_\_\_  
(maiden name)

Approximate date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ month/day/year  
(Please provide a minimum 10 year period for each search)

Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(If we need to contact you)

Your Date of Birth and Driver's License Number  
\_\_\_\_\_  
(If paying by check)

Signature: \_\_\_\_\_

Please mail this completed form and payment to:  
Jackie Ensey  
Stephens County Clerk  
200 West Walker  
Breckenridge, TX 76424