

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

ST. JOSEPH COUNTY CLERK'S OFFICE

\$15.00/1st copy
\$ 5.00/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:

Groom's Name

First Middle Last

Bride's Name

First Middle Maiden Name

Date of Marriage _____ Place of Marriage _____

Signature _____ Phone # _____

Mailing Address _____

FOR OFFICE USE ONLY

Receipt # _____

File # _____

ID Used _____

Written By _____