# STEPHENSON COUNTY
# REQUEST FOR MARRIAGE RECORD

*for office use only*

*REG. NO.* _____

*SEARCHER'S INITIALS* _____

One copy is $16.00
Each additional $3.00
**NO PERSONAL CHECKS**
**Cash, Cashiers Check or Money Order Payable to:**
Stephenson County Clerk
50 W Douglas Street ~ Suite 500
Freeport, IL 61032

***Please NOTE: Non-refundable $10.00 Search Fee for all requests***

Number of copies requested _____

PLEASE PRINT INFORMATION

NAME OF GROOM / PARTNER A _____
*First name* *Middle Name* *Last Name*

NAME OF BRIDE / PARTNER B _____
*First name* *Middle Name* *Last Name (Maiden)*

DATE OF MARRIAGE _____

I, the undersigned, do hereby certify, under the penalties of perjury, that the representations on this application are true to the best of my knowledge and belief.

_____ _____
*Print your name* *Signature*

_____ _____
*Street Address* *Relationship*

_____ _____
*City, State, Zip* *Telephone Number*

PLEASE CHECK THE APPROPRIATE LINE

___ WILL PICKUP

___ MAIL MARRIAGE RECORD TO THE FOLLOWING ADDRESS

NAME _____

STREET_____

CITY _____ STATE _____ ZIP _____