## APPLICATION FOR SEARCH OF MARRIAGE RECORD/CIVIL UNION FILES

PARTNER A or GROOM'S NAME:		
GROOM'S NAME:FIRST	MIDDLE	LAST
PARTNER B or		
BRIDE'S MAIDEN NAME:	MIDDLE	LAST
DATE OF MARRIAGE or CIVIL UNION: _	MONTH	DAY YEAR
	MONTH	DAY YEAR
PLACE OF MARRIAGE or CIVIL UNION:		
APPLICATION MADE BY:	N	MAIL COPY TO:
NAME:	NAME:	
ADDRESS:	ADDRESS:	
CITY:		
STATE: ZIP:	STATE:	ZIP:
PHONE NUMBER OR EMAIL ADDRESS: _		
YOUR RELATIONSHIP TO THE PERSON:		
INTENDED USE OF CERTIFICATION:		
NUMBER OF COPIES:	_ AMOUNT ENCLOSED	:
The fee of a search of the marriage recording will be furnished without further care \$5.00 each. Please include a copyrequest	cost. Additional copies of the	same record issued at the same time
Please make check payable to: Iroquois County C	lerk	
Mail or return form to: Breein B. Suver Iroquois County Clerk 1001 E. Grant St Watseka, IL 60970		
I, the undersigned applicant, swear or certified copy of a Vital Record and the record requested is correct as stated in s	at my relationship to the inc	
Signature of Applicant		Date
****************	*********	************
Please do not mark b	pelow this line-Office use of	only.
Certification#	Date:	
No record found:	Initials•	