

**APPLICATION FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE**

Sherman County and District Clerk  
Laura Rogers  
PO Box 270  
Stratford TX 79084  
806/366-2371

FOR OFFICE USE ONLY  
Certificate # \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_  
Record Found Vol \_\_\_\_\_ Page \_\_\_\_\_

# Requested \_\_\_\_\_ Certified Copy x \$17.00  
  
Total Enclosed = \_\_\_\_\_

1. Full Name of Husband on Record	First Name	Middle Name	Last Name
2. Full Name of Wife on Record	First Name	Middle Name	Maiden Name
3. Place of Marriage	City or Town	County	State
4. Date of Marriage	Month, Day, Year		

6. APPLICANT'S NAME: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_  
7. MAILING ADDRESS: \_\_\_\_\_  
8. RELATIONSHIP TO PERSON NAMED IN LINE #1 or #2: \_\_\_\_\_  
9. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

IDENTIFICATION TYPE: \_\_\_\_\_  
**ATTACH PHOTOCOPY** (DL/I.D. CARD, ETC.)

NUMBER: \_\_\_\_\_  
(DL/I.D. CARD, ETC)

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS AND A FINE OF UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195-003)**