



COUNTY OF DEAF SMITH

Rachel Garman, County Clerk/Voter Registrar • 235 E 3rd Room 203 • Hereford Tx 79045-5542
806 363 7077 • 806 363 7023 (FAX)

REQUEST FOR A CERTIFIED COPY OF A MARRIAGE LICENSE

APPLICANT ONE NAME/MAIDEN (IF APPLICABLE)
Nombre De Primer Solicitante (Appellido De Soltera Si Aplica)

APPLICANT TWO NAME/MAIDEN (IF APPLICABLE)
Nombre De Segundo Solicitante (Appellido De Soltera Si Aplica)

DATE OF MARRIAGE MONTH _____ DAY _____ YEAR _____

SIGNATURE OF PERSON REQUESTING MARRIAGE LICENSE:

X _____ DATE REQUESTED: _____

DATE ISSUED _____ ISSUED BY _____

PLEASE MAIL TO: _____

Phone Number: _____

Fax Number: _____

Email: _____

(We will call you when we receive your fax or email)