

APPLICATION FOR SEARCH OF MARRIAGE RECORD FILES

Groom Name: _____
 First Middle Last

Bride Name: _____
 First Middle Last

Date of Marriage: _____
 Month Day Year

Place of Marriage: _____
 Church or Place City

APPLICATION MADE BY:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

MAIL COPY TO:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Your Relationship
To Person: _____

Intended use
Of Certification: _____

Number of Copies Desired: _____

Amount Enclosed: _____

\$7.00 First Copy, \$2.00 Each Additional

Send to:
Ford County Clerk & Recorder
200 W. State St., Room 101
Paxton, IL. 60957