

APPLICATION FOR SEARCH OF CIVIL UNION RECORD FILES

Full Name: _____
 First Middle Last

Full Name: _____
 First Middle Last

Date of Ceremony: _____
 Month Day Year

Place of Ceremony: _____
 Church or Place City

APPLICATION MADE BY:

MAIL COPY TO:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Applicant's Signature _____

Your Relationship
To Person: _____

Intended use
Of Certification: _____

Phone Number _____

Number of Copies Desired: _____

Amount Enclosed: _____

A Copy of applicants State Issued Identification is requires with this request

\$7.00 First Copy, \$2.00 Each Additional **per visit.**

Send to:

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