# MARRIAGE REQUEST FORM

## PHOTO ID REQUIRED (see website for details)

**Fees: $19.00 for search/first copy if found, $6.00 for each additional copy of same record.**

**Name of Husband** _____
First Name Middle Name Last Name

**Wife's Name at Time of Marriage**

_____
First Name Middle Name Last Name

**Date of Marriage**_____

**Place of Marriage**_____
City, Town, or Village

***Fraudulent use of any vital records is a Class 4 Felony punishable by imprisonment of up to three (3) years and a fine of $10,000 or both (410 ILCS 535/27). I do hereby certify that, as the person whose record is sought, or as the parent, guardian, or legal representative of the person, I am legally entitled to a certified copy according to the Vital Records Act contained in the Illinois Compiled Statutes.***

_____
**Signature of Person Requesting Copy**

**Address**_____
Street City State Zip

**Phone (_____)**_____ _____
**Relationship of Person Requesting Copy**

**DO NOT SEND THIS COMPLETED FORM VIA FAX OR INTERNET, IT MUST HAVE YOUR ORIGINAL SIGNATURE, PER ILLINOIS LAW. OUR ADDRESS TO MAIL THIS FORM IS:**

**MONTGOMERY COUNTY CLERK**
**PO BOX 595**
**HILLSBORO, IL 62049**

**QUESTIONS? CALL US AT (217) 532-9530 M-F 8 am TO 4 pm**