
MARRIAGE REQUEST FORM

Cash _____

**Fee: \$15.00 for first copy/ \$5.00 for each additional copy of same record
ordered at the same time**

Check _____

N/C _____

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

I, the undersigned, do hereby certify that I am a person, or a duly authorized agent of a person,
who is legally entitled to the marriage certificate requested above, as specified by State Statute.

Signature of Person Requesting Copy

Address

City State Zip

Relationship of Person Requesting Copy

**DO NOT FAX OR SEND THIS COMPLETED
FORM VIA INTERNET, you must send it to us
via mail so we have your original signature on file.**

**Our mailing address is:
Montgomery County Clerk
PO Box 595
Hillsboro, IL 62049**

Questions? Call us at (217) 532-9530 M-F 8-4.