

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