

FOR CLERKS USE :

Date paid _____
At time of application
Received in mail
On hold awaiting license

Date: _____

Mail to:

Marion County Clerk's Office
PO Box 14500
Salem, OR 97309-5036

Request for Certified Marriage License(s)

_____(Party A-name before marriage)
_____(Party B name before marriage)
_____(Date of marriage)
_____(Certificate # - optional)

I request the following:

_____(insert #) Certified Copy(s) x \$4.00 each =\$_____

Enclosed is a check or money order in the amount of: \$_____
Please make checks payable to: Marion County Clerk

**PLEASE ALLOW 10 DAYS FOR PROCESSING IF MAILING TO CLERKS OFFICE
THANK YOU**

Please mail the license(s) to the following name and address:

_____(Name)
_____(Street)
_____(City, State & Zip)
_____(Telephone for questions)