

**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)**

_____ (Groom)
_____ (Bride – name before marriage)
_____ (Date of marriage)
_____ (Certificate # - optional)

I request the following:

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

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)