

FOR INTERNAL USE ONLY		
REQ.	OF	
DATE:	TIME:	

MARION COUNTY

CERTIFIED MARRIAGE LICENSE/APPLICATION REQUEST

(Each request requires a separate form.)

*If your license was recorded in a county other than Marion County, Indiana please contact that county to obtain copies.

HUSBAND/SPOUSE #1:		
WIFE/SPOUSE #2:		
(Maiden name OR name prior to man	riage)	
YEAR OF MARRIAGE (or approxim	ate year):	
I would like to request certified copies	s of the following (i	ndicate number of copies)
# Marriage License \$4 per copy #	Marriage Applica \$4 per copy	ation
Your contact information:		
Name:		
Street Address:		
City:	State:	Zip:
Telephone:	Email:	
REC	QUEST BY MAIL	
Complete and return this form, along MONEY ORDER for the appropriate a Clerk."		
Marion County Clerk's Office Records Division 1330 Madison Ave. Indianapolis, IN 46225		