



OCHILTREE COUNTY CLERK

Cassi Laxton, Clerk

1st Certified Copy = \$21.00

Extra Certified Copies x \$5.00

Application for a Certified Copy of a Marriage License

Month of Marriage - Fecha de Matrimonio: Mes	Day - Dia	Year - Año
Male's First Name - Primer Nombre del Marido	Middle Name - Segundo Nombre	Last Name - Apellido
Female's First Name - Primer Nombre de la Mujer	Middle Name - Segundo Nombre	Last Name - Apellido de Soltera
Relationship to Person/Relacion del Solicitante al Registrado		
Purpose for obtaining the record/Proposito de obtener este Registro		
Address to mail license to/Dirección de correo a la licencia		
Phone number to reach you in case of questions/número de teléfono para que llegue en caso de preguntas		

Circle One: (I Wish) (I Do Not Wish) to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services. Circule uno: (Deseo) (No deseo) hacer una contribución voluntaria de \$5.00 para promover la salud de la primera infancia mediante el apoyo al Programa de Visitas a Casa Tejas administrado por la Oficina de la Primera Infancia Coordinacion de los Servicios Humanos y de Salud.

Signature/Firma:

Date/Fecha:

Warning: The Penalty for Knowingly making a False Statement on this Form can be 2 to 10 years in prison and a fine of up to \$10,000 (Health & Safety Code, Chapter 195, Sec. 195.003. Advertencia: La pena al dar una declaracion falsa en este formulario puede ser 2 a 10 años en prison y una multa de hasta \$10,000. Salud y Seguridad, Capitulo 195, Sec. 195.003.

Please Mail the Completed Request to:

Ochiltree County Clerk
511 S. Main, Suite #8
Perryton, TX 79070

Please Make Check or Money Order Payable to:

Ochiltree County Clerk

Please make sure you fill all information out - The complete date of the marriage for the couple you are making the request for, as well as the complete name of the Groom and the Bride AT THE TIME of the Marriage. Relationship to the individual, as well as the purpose for obtaining the record.

Person (if its yourself, put "Self" if its your spouse requesting, put "Husband" or "Wife"), Purpose for obtaining the record, just put the reason you need it. Then please SIGN & DATE the request.

Please attach a Color photo copy of your PHOTO ID of the Person Making the Request.

If you have any questions or concerns, please call us at 806.435.8039.

Please include an Addressed Stamped Envelope & include appropriate fee.