MARRIAGE Application for Certified Copy of Maryland Marriage Record MARRIAGE Maryland Department of Health and Mental Hygiene • Division of Vital Records

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

NOTE: A Copy of a Certificate of Marriage can be releated representative shows a notarized letter stating he or she has representing the married parties, or a court of law. Certiful 1, 1990 are available only at the circuit court in the contraction.	as permission to obtain a copy of the man fied copies of certificates for marriages	riage certificate), an attorney
Applicant's name:	Applicant's relationsl named on the Certific	nip to persons ate:
Applicant's address:		
City:	State:	Zip:
Daytime phone number: ()	E-mail Address:	
urrent address; passport). If you do not have a Govern o not have a government-issued photo ID and that I and ddress as proof of identification. (Note: These docume tub, bank statement, copy of income tax return/W-2 for greement. Please submit photocopies since these docume	mment-issued photo ID, read and sign to m presenting the attached two docume ments must include two of the following rm, letter from a government agency re- ments will not be returned to you. If you	he following statement: I declare that ents that include my name and curred: Utility bill, car registration form, pequesting a vital record, or lease/ren
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Maiden name of bride: Date of Marriage:(Month/Day/Year)	mment-issued photo ID, read and sign to m presenting the attached two docume ments must include two of the following trm, letter from a government agency resents will not be returned to you. If you in the documents that you present.) (First/middle/last) Place of Marriage:	the following statement: I declare the control that include my name and currestility bill, car registration form, pequesting a vital record, or lease/reado not have a Government-issued phase.

certificates requested Fee per

ree per copy* x \$12.00

Amount enclosed

A non-refundable \$12 fee is required for each copy of a certificate.* Send check or money order. **Do not send cash when applying by mail.** When paying by check, you must include a photocopy of your driver's license or other government-issued photo ID that lists your current address, or other acceptable ID as noted above.

When ordering by mail, send completed application, <u>legible copy of ID</u>, a self-addressed, stamped envelope, and check or money order payable to the DIVISION OF VITAL RECORDS to the Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0036.

You may also apply for a marriage record in person, on line, by telephone or by fax. For further information, visit the website of the Vital Statistics Administration at http://www.vsa.state.md.us/vsa/html/apps.html.

*There is no fee for: (a) A copy of a certificate of a current or former armed forces member that is requested by the member; or (b) A copy of a certificate of a current or former armed forces member or of a surviving spouse or child of the member, if the copy will be used in connection with a claim for a dependent or beneficiary of the member. Proof of service in the armed forces must be provided.