MARRIAGE REQUEST FORM

Fees: \$19.00 for search/first copy if found, \$6.00 for each additional copy of same record.

Name of Husband			
	First Name	Middle Name	Last Name
Wife's Name at Tin	ne of Marriage		
First Name	Middle Name		Last Name
Date of Marriage			
Place of Marriage_			
_	City, Town,	or Village	
			ly authorized agent of a person as specified by State Statute.
		Signature o	f Person Requesting Copy
Address			
City		Relationship	of Person Requesting Copy

DO NOT SEND THIS COMPLETED FORM VIA FAX OR INTERNET, IT MUST HAVE YOUR ORIGINAL SIGNATURE, PER ILLINOIS LAW. OUR ADDRESS TO MAIL THIS FORM IS:

MONTGOMERY COUNTY CLERK PO BOX 595 HILLSBORO, IL 62049

QUESTIONS? CALL US AT (217) 532-9530 M-F 8 am TO 4 pm