

Request For Copy of Marriage License

Mail-in requests must be notarized by an acceptable notary public.

FEE MUST ACCOMPANY APPLICATION. Check or money order payable to: **Macon County Recorder of Deeds.** Macon County recording of marriage reports began 1837.

MARRIAGE STATEMENT NUMBER OF CERTIFIED COPIES _____ (Certified copies are \$9.00 per certified copy.)

FULL NAME OF FIRST PARTY

BIRTH SURNAME (IF DIFFERENT)

FULL NAME OF SECOND PARTY

BIRTH SURNAME (IF DIFFERENT)

DATE OF MARRIAGE

LICENSE ISSUED (CITY, COUNTY)

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)

APPLICANT'S NAME

PHONE NUMBER

APPLICANT'S STREET ADDRESS

APPLICANT'S CITY/TOWN

STATE

ZIP

PURPOSE FOR CERTIFICATE REQUEST

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF

LEGAL

REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP.

> **MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.**

I _____, SUBJECT TO THE PENALTY OF PERJURY, DO SOLEMNLY DECLARE AND

AFFIRM THAT I AM ELIGIBLE TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND

THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

> **APPLICANT'S SIGNATURE** _____

DATE _____

NOTARY PUBLIC EMBOSSER SEAL

STATE COUNTY

SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, USE RUBBER STAMP IN CLEAR

AREA BELOW

THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE

MY COMMISSION _____

EXPIRES _____

NOTARY PUBLIC NAME (TYPED OR PRINTED)

MACON COUNTY RECORDER OF DEEDS

101 E. WASHINGTON SUITE 300

MACON, MO 63552

(660) 385-2732

maconrecorder@cvalley.net

maconrecorder2@cvalley.net

***WARNING: FALSE APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS A CRIME!**